

RUSSELL BUCKLEW MEDICAL RECORDS

RECEIVED FROM:

THE MISSOURI DEPARTMENT OF CORRECTIONS

AND

THE UNIVERSITY OF MISSOURI HOSPITAL SYSTEM

For TIMELY PAYMENT,

attach PROVIDER CLAIM copy to your billing and mail to CMS.
Complete MEDICAL RECORD copy and return with Inmate.
Refer to Authorization No on all claims, correspondence, inquires.

AUTHORIZATION NO

0902AS2960

**Correctional Medical Systems
Health Services Authorization**

Inmate: **BUCKLEW, RUSSELL**

Id: **990137**

DOB: **05-16-68**

Date: **04-15-99**

Institution: **MO / Potosi**

Site Id: **0902A**

Referred By: **CRAWFORD, D.O., STEPHEN**

Situation: **Not Applicable**

HEALTH SERVICES AUTHORIZED

Extent Of Care: **Outpatient**

Location: **Outpatient Hospital**

Diagnosis: **GENERAL SYMPTOMS**

Code: **780.**

Procedure: **Intermediate Service 1-3 hrs**

Description: **SECOND OPINION RECURRENT BLEEDING
PLASTIC SURGERY-LAXER HEMANGIOMA CONSULT
FACIAL/ENT CAVEROUS HEMANGIOMA**

Provider: **BARNES HOSPITAL**

Provider No: **3883**

Facility: **BARNES HOSPITAL**

Facility Id: **3883**

HEALTHCARE REPORT (See Instructions on PROVIDER CLAIM COPY)

Significant Findings/Tests Completed/Diagnosis:

30 yrs w/ a lifelong w/o oral cavity hemangioma. Now to many years of growth involves soft palate, uvula, hard palate, nasal cavity, nasopharynx, right hemi-face and neck. Assoc. @ serous otitis. Pt. c/o pain and intermittent bleeding. Right hearing loss.

Treatment Provided: *None*

Summary Extensive right hemifacial hemangioma. Not life-threatening at present, would like to see record of previous work up.

Orders/Recommendations: 1) CBC - Rb anemia, platelet consumption
2) CT - contrast / 4 vessel carotid angiogram to delineate anatomy and vascular supply
3) Audiogram
*We would be happy to arrange these studies at our facility and provide further consultation

Physician Signature: *John M. Hansen*

Date & Time: *4/15/99 1330*

MEDICAL RECORD COPY

Complete and return with Inmate

PC000060

Print Key Output
5769SS1 V4R2M0 980228 DOCCORDC 05/12/99 Page 1 08:23:28

Display Device : PEMNH
User : HEL00#EM

REFERR Department of Corrections 5/12/99
AFS102B Medical Accountability Records System 08:23:26
Referral Reasons

DOC ID: 00990137 RUSSELL E BUCKLEW Time: A/P
1:42 P
Complaint: CT Date:
5/11/1999

Referral Reasons:

CY WITH CONTRAST 4 VESSEL COAROTID ANGIOGRAM TO DELINCATE AN
ATOMY AND VASCULAR SUPPLY. AND AUDIOGRAM REQUESTED AFTER VIS
IT AT BARNES HOSPITAL REGARDING RECURRENT BLEEDING OF A HEMA
NGIOMA

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PC000062

MINERAL AREA REGIONAL MEDICAL CENTER
1212 WEBER RD.
FARMINGTON, MO. 63640

Patient Name: BUCKLEW RUSSELL

Age: 31

Birthday: 05/16/1968

Ordering Physician: CRAWFORD S

Room:

Account # : 309752

Sex: M

X Ray Number: 85169

Admitting Physician: CRAWFORD S

Transcription Date: 5/19/99

Stay Type: O/P

Unsigned Transcriptions are preliminary reports
and do not represent a medical or legal document.

<=CT ORDER=>

COMPLETE: 05/19/99 10:44 RJD 30603

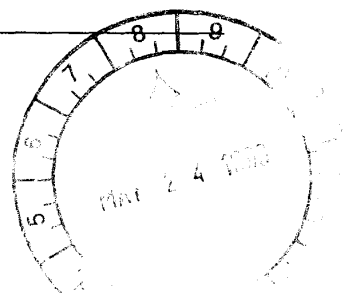
Reason for Procedure(s): FACIAL HEMANGIOMA

CT HEAD 70450

COMPLETE: 05/19/99 10:44 RJD 30654

CT ORBITS 70480

COMPLETE: 05/19/99 10:44 RJD 30655



5-19-99

CT HEAD AND ORBITS: The head was evaluated with multiple 10 mm sections thru the supratentorial area with 3 mm increments thru the infratentorial area in the axial plane. The patient refused any contrast enhancement.

There is evidence of a mass defect involving the hypopharynx area on the right side producing some distortion of the midline structures. There appears to be numerous calcified vessels in this lesion. There is a soft tissue mass noted surrounding the nasal region externally. Without contrast enhancement it is very difficult to categorize this lesion. There does not appear to be any destructive changes of the bony structures, particularly of the nasal septum or nasal bone. The patient could not tolerate coronal imaging due to the bullet fragments in the neck. The lesion extends extrinsic into the intrinsic area and is producing distortion of the lamina papyracea region along the right side of the orbit.

CONCLUSION: 1) An extensive lesion is seen extending from the surface thru the nasal septum down to the hypopharynx area, predominately on the right side. The patient refused contrast enhancement. We recommend if further delineation of this lesion is necessary, MRI be performed.

R. A. MURPHY, D.O./jld
D&T: 5/19/1999

RADIOLOGIST

PC000070

**MINERAL AREA REGIONAL MEDICAL CENTER
1212 WEBER RD.
FARMINGTON, MO. 63640**

Patient Name: BUCKLEW RUSSELL

Age: 31

Birthday: 05/16/1968

Ordering Physician: CRAWFORD S

Room:

Account # : 309752

Sex: M

X Ray Number: 85169

Admitting Physician: CRAWFORD S

Transcription Date: 5/19/99

Stay Type: O/P

Unsigned Transcriptions are preliminary reports
and do not represent a medical or legal document.

<=CT ORDER=>

COMPLETE: 05/19/99 10:44 RJD 30603

Reason for Procedure(s): FACIAL HEMANGIOMA

CT HEAD 70450 COMPLETE: 05/19/99 10:44 RJD 30654

CT ORBITS 70480 COMPLETE: 05/19/99 10:44 RJD 30655

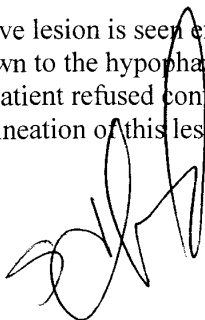
5-19-99

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R. A. MURPHY, D.O./jld
D&T: 5/19/1999



R.A. Murphy, D.O.

RADIOLOGIST

PC000071

Boone County Adult Detention Facility
Medical Coordinator's Office
2121 County Drive
Columbia, Missouri 65202
Telephone: (573)876-6109 Fax: (573)876-6116

April 17, 1997

Dr. Wilkes
Medical Oncology
115 Business Loop 70 W.
Columbia, Missouri 65203

Ref: Bucklew, Russell Earl

Dear Dr. Wilkes,

I am writing in request of a written consultation regarding Russell Bucklew (D.O.B.: 5/16/63; UMCHC patient number 55-92-41-1) whom we have discussed previously by phone.

Mr. Bucklew is a 33 year old male currently incarcerated at the Boone County Jail, soon to be transferred to a long term correctional facility. He has a history of large mid-facial cavernous hemangioma since birth and has previously been evaluated by multiple physicians including Dr. Robert Paul Zitsch, MD from UMCHC Department of Surgery, Division of Otolaryngology. Patient was seen several times by this department back in April 1991 and underwent an MRI scan on April 9, 1991 at UMCHC. It has been Dr. Zitsch's opinion that any surgical attempt to remove this lesion would be mutilating and very risky as far as blood loss. In the past treatment with Interferon had been discussed and one of Dr. Zitsch's notes comment that Radiation would be considered only in severe circumstance given patient's age.

Mr. Bucklew was again evaluated by Dr. Zitsch earlier this year December in 1996 underwent CT scan at UMCHC (Pt. is no longer able to undergo MRI evaluation secondary to bullet which is apparently lodged in his neck). Dr. Zitsch's impressions and recommendations should be available in Mr. Bucklew's UMCHC charts. It was felt that Mr. Bucklew would benefit from Interferon therapy and Dr. Zitsch had recommended you as someone who could potentially make specific recommendations regarding this treatment.

I have evaluated Mr. Bucklew multiple times during his incarceration here at the Boone County Jail. It is my opinion that clinically his cavernous hemangioma has increased in size, particularly as evident by a gradually enlarging area of the hemangioma in the posterior oropharynx. This now involves an extensive portion of his palate as well as his uvula and raises concerns about potential airway obstruction in the future. It should also be noted that Mr. Bucklew intermittently has

PC000140

problems with right estachian tube disfunction and Dr. Zitsch had also recommended consideration of PE tube placement which patient declined recently given that his symptoms in regards to hearing deficits had improved.

As I have previously communicated, Mr. Bucklew is preparing to be transferred to another correctional facility and we would greatly appreciate your medical recommendations regarding specific risks and benefits, side effects, specific dosage, and administration of Interferon in this individual. Hopefully this will facilitate patient's ongoing care after transfer to another facility. If possible, I would encourage you to review his University ENT records as, at best, what I have provided is a summary of their opinions regarding this individual's medical condition.

We greatly appreciate your input regarding this patient. Please feel free to contact me if I can be of any assistance. I am reachable through UMCHC pager, 1599.

Sincerely,

Debra Howenstine, MD
By RSF

Debra Howenstine,
Medical Director of Columbia/Boone County Health Department
Boone County Jail Physician

PC000141

Division of Hematology-Oncology

DC116.71
115 Business Loop 70 West
Columbia, Missouri 65203
(573) 882-6163
FAX: (573) 884-6051

May 2, 1997

Debra Howenstein, MD
Medical Director, Columbia/Boone County Health Dept.
Boone County Jail Physician
Detention Facility/Medical Department
2121 County Drive
Columbia, MO 65202

RE: Russell Bucklew
UMC#55-92-41-1

Dear Dr. Howenstein:

Thank you for your request of an outpatient chart consultation on Mr. Russell Earl Bucklew (SS#496-86-4283). In the following, I have reviewed the University records that we have on Mr. Bucklew followed by a summary of my thoughts and recommendations regarding this difficult problem. I hope that you find this useful and that it proves beneficial to your patient, Mr. Bucklew.

Mr. Bucklew's encounters here at the University began on April 4, 1991 when he was evaluated by Dr. Estrem in the Otolaryngology clinic. At that time, Mr. Bucklew was a 22 year old male who had a lifelong history of a mid-face hemangioma. This had been treated in the past with excisions of the upper lip and buccal mucosa. At this time, Dr. Estrem identified a mass in the nasal facial groove with extension to the hard palate and right half of the soft palate uvula and superior right tonsillar pillar. The following week, he underwent an MRI scan which demonstrated this hemangioma involving the right soft palate, hard palate, gingival buccal area, and extending to the angle of the mandible. It involved the soft tissue of the face and upper lip and appeared to approach the skull base, sphenoid sinuses, and the carotid artery. Dr. Zitsch saw the patient on April 9, 1991 and recommended analgesics alone, although radiation could be considered in the future if symptoms progressed.

He was seen next in July of 1992 by Dr. Renner who was concerned that sleep apnea could be resulting from this large oropharyngeal hemangioma. The patient did not keep subsequent appointments for evaluation of this potential problem and was seen next on November 30, 1995. He had a MRI performed on December 5, 1995 that showed this large cavernous hemangioma which was felt to be unchanged from the prior MRI.

University of Missouri Health Sciences Center

PC000158

I first became aware of Mr. Bucklew when his case was presented in the multi-disciplinary head and neck tumor conference meeting on December 12, 1995. At that time, we reviewed the MRI scans and discussed his options. Dr. Zitsch suggested the possibility of embolization and I mentioned that there were some articles in the literature to support the use of Alpha-Interferon in the treatment of this disease in children. Dr. Zitsch made arrangements for Mr. Bucklew to follow up with myself here at Ellis Fischel Cancer Center, but Mr. Bucklew never came for his appointments.

The last encounter I have in the patient's University chart appears to be an emergency room visit in which Mr. Bucklew presented with oral facial hemorrhages which were reported to be occurring 3-5 times per week. No intervention was initiated as the patient was not actively bleeding. On January 29, 1997 the patient was seen in the Corrections Clinic and it was felt that he was having some subtle progression of this cavernous hemangioma and discussions were opened again regarding a trial of Alpha-Interferon or embolization therapy.

Unfortunately, I was unable to coordinate my schedule with the Corrections Clinic to allow me to examine Mr. Bucklew, but from all accounts, it appears that he has a significant hemangioma involving the face and upper airway. While this is causing disfigurement and intermittent bleeding, his laboratories do not suggest that he is suffering from intravascular hemolysis (Kasabach-Merritt syndrome).

As I had suggested at the tumor board meeting in December 1995, there have been studies to suggest a benefit in children with large vascular hemangiomas with the administration of Alpha-Interferon. In a study by Hatley, et al, they described case reports of infants with giant hemangiomas and Kasabach-Merritt syndrome successfully treated with Alpha-Interferon. In these studies the children were administered 3 million u/m²/day of subcutaneous Alpha-Interferon and in an isolated case report, there was significant regression in the hemangioma and improvement in the patient's hemolysis and DIC. Unfortunately, this treatment had to be administered on a chronic basis and, in this instance, required four weeks before there was a demonstrable improvement.

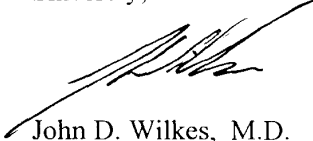
In adults offered this treatment, one would expect significant toxicities though it appears to be tolerated better in children. Alpha-Interferon at doses of 3 million u/m²/day can cause myelosuppression, thrombocytopenia, and anemia. More commonly, however, it produces significant fatigue, flu-like symptoms with myalgias, arthralgias, and anorexia. It can also lead to significant depression and has been associated with psychological sequelae. These symptoms do abate shortly after discontinuation of therapy and can be modified with liberal use of Tylenol.

Unfortunately, Alpha-Interferon has yet to be FDA approved for this indication and the studies demonstrating success have been in children. In my opinion, this approach remains experimental and the patients and physicians who are administering this therapy must be aware of the toxicities and limited clinical information to suggest benefit.

PC000159

Once again, thank you for allowing me to provide information related to this very challenging clinical problem. I hope that you find this useful and that Mr. Bucklew can benefit from our collective efforts.

Sincerely,



John D. Wilkes, M.D.
Assistant Professor of Medicine
Division of Hematology
and Medical Oncology

dh

Enclosures

5/14/97
DH

PC000160

Progress Notes

ENT CLINIC

April 9, 1991

HISTORY: Mr. Bucklew is a 22-year-old white male who was seen by Dr. Zitsch last week. He has had a hemangioma since birth which has not previously caused any problems. He had something excised from his lip a while back which reportedly was consistent with hemangioma. The main reason he reported last week was that he was having pains on the right side of his palate. This is associated mostly with trying to open his mouth and occurs intermittently. The muscles feel very tight, but he has no problems with bleeding, no airway obstruction and no real difficulty breathing through his nose.

He underwent an MRI scan today because he could not tolerate the needle required for contrast for a CT. The MRI scan revealed significant hemangioma which is involving his right soft palate, hard palate, gingival buccal area, and extends to the angle of the mandible. It appears to infiltrate the deep lobe of the parotid in one area and extends into the uvula, up into the nasopharynx, involves the septum on both sides, involves the soft tissue of the right nose, involves the upper lip, and approaches the skull base and sphenoid sinus and carotid artery, although it does not involve the carotid artery.

PHYSICAL EXAMINATION: On physical exam, there is a hemangioma involving the upper lip in the midline and on the right side involves his soft palate, hard palate and entirely infiltrates his uvula, although his airway is good. It also appears to involve his nose on both sides, consistent with the MRI scan.

IMPRESSION and PLAN: Dr. Zitsch discussed the findings with his patient. Any removal of this tumor would require extensive surgery which would be mutilating and very risky as far as blood loss. As the patient's only complaint really is pain, we have decided to just treat him with pain medication at present. He is to return to see us in nine months and will probably need a repeat scan every two to three years for follow-up. Radiation would only be considered in the severe circumstance as the patient is so young.

Dictating Physician:

Michelle Bleynat
Michelle Bleynat, M.D.
Resident Physician
Division of Otolaryngology
Department of Surgery

Attending Physician:

Robert Paul Zitsch, III
Robert Paul Zitsch, III, M.D.
Assistant Professor
Division of Otolaryngology
Department of Surgery

MB/RPZ: es trans: 04-12-91
rec'd: 04-12-91

cc: Donald M. Mogerman, M.D.
900 East Cherry
Troy, MO 63379

MR 999-1-85

The Staff for life

028746

Progress Notes

ENT CLINIC

July 28, 1992

HISTORY: Russell Bucklew is a young adult male who has a history of hemangiomas of the head. These lesions have been present since his birth. He has seen numerous physicians over the years and has most recently seen Dr. Zitsch. He had a magnetic resonance imaging scan done in the recent past. I have not seen the scan today. He is bothered most by intermittent sensations of pain along the right side of his nose which extend across into the lower eyelid. He says that these are sometimes quite sharp and a great bother to him. This young man is quite thin. He states that he snores loudly at night-time. He states also that he is, in general, tired much of the time. I wonder whether he has obstructive apnea.

PHYSICAL EXAMINATION: Inspection of his oral cavity shows a very massive hemangioma involving the soft palate and the uvula. The uvula is about three to four times normal size and extends down into the hypopharynx because of the hemangioma. The entire right soft palate is involved with hemangioma and there is direct extension onto the posterior part of the right hard palate as well. He has hemangioma across the right upper buccal sulcus and what seems to be a separate lesion involving the inner surface of the right upper lip in its central portion. There is a large subcutaneous hemangioma present along the right side of the nose. This becomes much more distended when his head is held low. His nasal septum has significant deviation to the right side. There can be seen several very small foci of hemangioma in the posterior part of the left side of his nose. I would like to try to find a way to help him with his pain. When I palpate the hemangioma near the right side of the nose, I note a small firm nodule in the central portion. This is quite tender to him when I palpate upon this. I would give possible consideration to an attempted removal of the lesion from the right side of his nose. Clinically, it seems to be all external to the bony skeleton at this site. I wonder sincerely whether this may has obstructive apnea. He has a severe deviation of the nasal septum to the right side, but more importantly the large hemangioma of the uvula and right soft palate. I would like for him to get a sleep laboratory study when this can be arranged. In the meantime, I have suggested he try to see if he is eligible for Medicaid coverage or to find some other source to help with his expenses. He is to return again in three to four weeks.

Attending Physician:

Gregory J. Renner, M.D.
Gregory J. Renner, M.D.
Associate Professor
Division of Otolaryngology
Department of Surgery

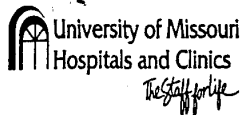
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trans: 07-30-92 rec'd: 07-29-92

cc: Robert Zitsch, M.D., Department of Otolaryngology

MR 999-1-85

The Staff for life



DC042.00 MR-100
One Hospital Drive
Columbia, Missouri 65212
(573)882-3170

Medical Record #: 55-92-41-1
Patient Name: BUCKLEW, Russell E
Age: 32
Admission Date: 12/06/00
Date of Procedure: 12/06/00
Attending Physician: Robert P. Zitsch III, MD
Referring Physician:
Room Number: 5W 41 02

OPERATIVE REPORT

MEDICAL SERVICE: OTOLARYNGOLOGY

ATTENDING SURGEON(S): Robert P. Zitsch, M.D.

OTHER SURGEON(S): Matthew Bettag, M.D.

NAME OF OPERATION: 1. Local tracheostomy.
2. Sclerotherapy of vascular malformation

PREOPERATIVE DIAGNOSIS(ES): Vascular malformation right palate alveolar rim and pharyngeal wall.

POSTOPERATIVE DIAGNOSIS(ES): Vascular malformation right palate alveolar rim and pharyngeal wall.

INDICATIONS FOR SURGERY: The patient is a 32-year-old prisoner who has had a vascular malformation all of his life. He had one attempted surgical excision at an outside hospital that was met with failure. Upon presenting to us, the patient had a vascular malformation that encompassed his entire uvula as well as the entire right side of his soft palate and hard palate with extension along the alveolar rim. It also extended into the gingivolabial sulcus anteriorly and then along the labial mucosa up to the labial vermillion. It did not involve the cutaneous portion of the lip.

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room and placed on the table in supine position. After adequate relaxation medication was given to the patient, the neck was felt and the cricoid cartilage was marked and incision line extending from the inferior border of the cricoid cartilage approximately 1.5 centimeters inferiorly was marked as well. It was injected with 1% Lidocaine 1:100,000 Epinephrine. A total of 3 cc was used. Once this was done, the patient was prepped and draped in the usual sterile fashion. Beginning with the 15-blade knife, an incision was made through the cutaneous tissue down in the subcutaneous fat. Using mosquito clamps, that was picked up and Bovied in the midline. This took us back to the strap muscles which were identified and divided in the midline using a combination of Bovie and blunt dissection. Just deep to the strap muscles was the thyroid gland. The gland was freed up on its superior and inferior portions using blunt dissection after which time the gland was come under with clamps. The gland was clamped on each side of the isthmus and Bovied in the midline. Each isthmus was subsequently stick-tied with 00-silk stick-tie. The anterior wall of the trachea was freed up. A retention suture was placed around the second tracheal ring on both the right and left side using 00-silk stick-tie. 15-blade knife was used to make an incision between the first and second tracheal ring after which time a curved Mayo was used to make an incision between the second and third tracheal rings in the midline to complete a T-incision. At this point an endotracheal tube was inserted in the airway

Medical Record #: 55-92-41-1
Patient Name: BUCKLEW, Russell E
Admission Date: 12/06/00
Discharge Date: 12/08/00

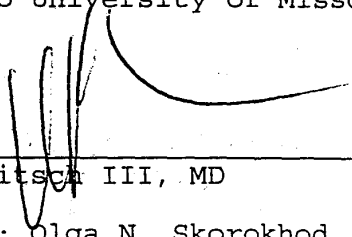
DISCHARGE SUMMARY

Page 2 of 2

HOSPITAL COURSE: The patient was admitted for surgical treatment of cavernous hemangioma which was giving him troubles recently. The patient reported it to be growing and giving him difficulties in breathing. The patient was evaluated by Dr. Zitsch and sclerotherapy of hemangioma was advised. The guess of the size of hemangioma and history of difficult breathing was necessary to place of tracheostomy at time of treatment. The patient denied treatment because of the tracheostomy in the beginning but then agreed and on 12/06/00 was admitted for first treatment. The patient was taken to the operating room where tracheostomy was placed and sclerotherapy of hemangioma was done. The patient tolerated the procedure well. The patient was discharged in stable condition to intensive care unit for close observation and monitoring of his bleeding pattern. The patient did well and the next morning, postoperative day one he was discharged to the floor in good condition.

His first postoperative day was pretty much unremarkable. His pain was adequately controlled with morphine patient controlled analgesia. The swelling of his upper lip and soft palate was slowly but gradually reducing. His tracheostomy was working fine. The patient was left in the hospital for another night of observation. The next morning he was afebrile with vital signs stable. He did not have signs of respiratory distress. His operative site looked good. Swelling gradually decreased. Tracheostomy site looked good without erythema or other signs of infection. The patient tolerated oral intake of clear liquid diet. He ambulated in hall. His pain was adequately controlled and he was discharged under the care of his primary care physician.

DISPOSITION: The patient is being discharged under his primary care physician. He is to be re-admitted in six weeks for the second therapy course. Please call if there are any questions or problems in postoperative treatment. Thank you for referring this patient for treatment to University of Missouri Health Care.


Robert P. Zitsch III, MD

Dictated by: Olga N. Skorokhod, MD

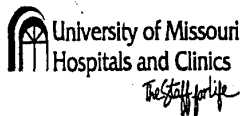
ONS:bw/60521

DD: 12/07/00

DT: 12/08/00

RD:

REQUEST FOR COPIES:



DC042.00 MR-100
One Hospital Drive
Columbia, Missouri 65212
(573)882-3170

Medical Record #: 55-92-41-1
Patient Name: BUCKLEW, Russell E
Age: 32
Admission Date: 12/06/00
Discharge Date: 12/08/00
Attending Physician: Robert P. Zitsch III, MD
Referring Physician:
Room Number: 5W 41 02

DISCHARGE SUMMARY

MEDICAL SERVICE: OTOLARYNGOLOGY

DISCHARGE DIAGNOSES:

1. Cavernous hemangioma of soft and hard plate.
2. Arteriovenous malformation.

OPERATIONS AND TREATMENTS:

1. Tracheostomy on 12/06/00.
2. Hemangioma sclerotherapy on 12/06/00.
3. Intensive care unit observation.
4. Intravenous antibiotic treatment.
5. Oxygen supplementation.
6. Floor observation.
7. Serial otolaryngologic examinations.

DISCHARGE MEDICATIONS:

1. Tylenol 650 mg p.o. q.4-6h. p.r.n. pain.
2. Amoxicillin 500 mg p.o. b.i.d.

HISTORY OF PRESENT ILLNESS: For history of present illness as well as past medical history, past surgical history and social history please refer to previously dictated history and physical examination job number 59613 dictated by Dr. Skorohod

PHYSICAL EXAMINATION: At the time of discharge, the patient was afebrile with other vital signs stable, tolerated oral intake of clear liquid diet well without nausea or vomiting or any aspirations. There were no complaints of pain. His pain was adequately controlled with Tylenol. Generally, he was awake, oriented times three. HEENT: Head normocephalic and atraumatic. There was a hemangioma involving the back of his nares and back of his septum. His oral cavity and oropharynx showed hemangioma involving the right hard and soft palate extended to the uvula in the back and upper lip in front. There was secondary inflammation reaction and 2+ fullness. There is a tracheostomy in place. Site is clean, dry and intact. No sign of infection. Neck supple without lymphadenopathy. Lungs: There are no signs of respiratory distress. The patient rests comfortably. Tracheostomy is patent. Breathing is effortless. Lungs are clear to auscultation bilaterally without wheezing or stridor. Heart: Regular rate and rhythm. Abdomen: Soft, benign. Extremities: Calves soft, bilaterally, nontender to palpation.

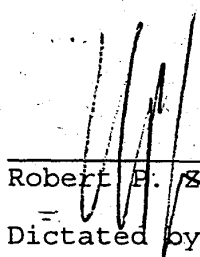
LABORATORY DATA: Serum chemistry from 10/11/00 showed sodium 144, potassium 4.6, chloride 108, carbon dioxide 29, glucose 83, blood urea nitrogen 13, creatinine 1.0. Calcium 9.5. Urinalysis from 12/07/00 as evidence of a small amount of blood. 0-4 erythrocytes per high powered field and small amount of white blood cells 0.4. So per high powered field otherwise is normal.

Medical Record #: 55-92-41-1
Patient Name: BUCKLEW, Russell E
Admission Date: 12/06/00
Date of Procedure: 12/06/00
Page 2 of 2

OPERATIVE REPORT

and the patient was given general anesthetic. Turning to the vascular malformation starting first at the uvula and then working along the soft palate and hard palate alveolar rim area, sodium tetradecyl sulfate 3% was used to inject the vascular malformation. 25 gauge butterfly needle was inserted into the vascular malformation after which time aspiration was performed to make sure that we got good blood return after which time approximately 1/10 cc of the sodium tetradecyl sulfate was injected into the vascular malformation. This was started at the uvula and carried along the soft palate into the alveolar rim and hard palate area. In addition at the end of the case the sclerotherapy was injected into the lip area of the vascular malformation. A total of 3 cc of 3% sodium tetradecyl sulfate was used.

ESTIMATED BLOOD LOSS: Less than 10 cc.
FLUID REPLACEMENT: 700 cc crystalloids.
COMPLICATIONS: None.
SPECIMENS: None.
INSTRUMENT COUNTS: Correct.
BLOOD GIVEN: None.
DRAINS: None.



Robert P. Zitsch III, MD

Dictated by: Matthew Bettag, MD

MB:941763/59893

DD: 12/06/00
DT: 12/07/00
RD:

REQUEST FOR COPIES:

*I was present
during the
entire case*


RADIOLOGY CONSULTATION - 177-11

Date: OCT 11, 2000

Examination :ANGIO, CAROTID, CERVICAL, BILAT continued...
ESSENTIALLY NEGATIVE NECK ANGIOGRAPHY. THE LESION OF THE MUCOSA AND
SUBMUCOSA AREA THAT EXTENDS DEEPLY AS SEEN BY MRI MAY REPRESENT A
LYMPHANGIOMA CAPILLARY HEMANGIOMA KIND OF VASCULAR ANOMALY. SINCE NO
TRUE FISTULA WAS SEEN IN THIS ANGIO A VERY SLOW FLOW TYPE OF LESION IS
VERY LIKELY.

drafted by: NANA AMIRIDZE, MD

I have personally reviewed the images and the residents interpretation
and agree with the findings for this study.
Electronically signed by: FABIO J. RODRIGUEZ, MD.

reviewed/signed by: /FABIO J. RODRIGUEZ, MD.

NXA/clm LOC: 101

cc: ZITSCH, ROBERT P

Transcribed on OCT 13, 2000
Sent on OCT 13, 2000@17:17

C O I

PCC

990137

CAPITAL REGION MEDICAL CENTER
Jefferson City, Missouri

MEDICAL IMAGING REPORT

NAME: BUCKLEW, RUSSELL	ROOM: ME1 -09531
DOB: 05/16/1968 AGE: 35Y	SEX: M MEDREC: 248015
ORD PHYS: MICHAEL RYAN, MD	PATIENT: 10597839
ADM PHYS: RODNEY K ADKISON, DO	REQ: 6301624-001
REF PHYS: JACQUES LAMOUR, MD	ADMIT: 06/04/2003
MSV: 01	PT TYPE: I

EXAM: CHEST PA & LATERAL

DATE: 06/09/2003

INDICATION FOR PROCEDURE: History of empyema.

FINDINGS: No change in right lung opacification. Two chest tubes remain in place. Left lung is clear. Cardiac size is within normal limits.

IMPRESSION: RIGHT HEMITHORAX CONSOLIDATION REMAINS STABLE, CONSISTENT WITH EMPYEMA.

This report has been electronically signed
by RICHARD SMITH, MD on 06/10/2003 at 08:26.


RICHARD SMITH, MD

T: pe
/: 808
DD: 06/09/2003 1204
DT: 06/09/2003 1248
ID: 000838097
JOB: 38337

fx: JACQUES LAMOUR, MD (01274)
RODNEY K ADKISON, DO (00375)

>

Rev G-12-03



PC000688



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICAL SERVICES REQUEST

PATIENT'S NAME RUSSELL BUCKLEW		NAME OF INSTITUTION PCC	
HOUSING UNIT 21A-10		DOC NUMBER 990137	DATE 14 MAR 03
CHIEF COMPLAINT		DAYS	HOURS A.M./P.M.
CURRENT MEDICATIONS			
WHICH EXISTING DISEASES HAVE BEEN DIAGNOSED? 1130 ADVT			
PATIENT'S SIGNATURE TIME 1055		DATE	TIME

NURSING ASSESSMENT (USE SOAP FORMAT)		
<p>S - TCU - AT APPROX 1050 HRS THIS AM I WAS INFORMED THAT MR BUCKLEW WAS COMPLAINING OF INCREASED DIFFICULTY SWALLOWING.</p> <p>O - ON EXAM HE WAS UNABLE TO OPEN HIS MOUTH FULLY. FROM THE LIMITED VISIBILITY THAT I HAD, HIS SOFT PALATE APPEARS TO BE ENLARGED.</p>		
NURSE'S SIGNATURE	DATE	TIME
<p>THIS PT HAS A HX OF A LARGE CHRONIC HEMANGIOMA WHICH INVOLVED THE RIGHT SIDE OF HIS FACE. THIS INCLUDES THE RIGHT SIDE OF HIS NECK, MOUTH, NOSE AND UPPER LIP, AND HARD & SOFT PALATE. HE HAS A DOCUMENTED ARTERIOVENOUS MALFORMATION.</p> <p>THIS PT HAS BEEN TO MANY TERTIARY CARE SITES FOR EVALUATION AND TREATMENT IN THE PAST. DR ZOTSCH AT THE UNIV OF MO. COLUMBIA HAS BEEN THE ONLY ENT THAT WOULD CARE FOR HIM. HE IS AN ESTABLISHED PATIENT AT THE U OF M ENT CLINIC AT COLUMBIA MO.</p> <p>BECAUSE OF THE POTENTIALLY SERIOUS NATURE OF</p>		
PHYSICIAN VISIT NOTES (USE SOAP FORMAT)		
<p>HIS PHYSICAL CHANGES W/IN THE LAST DAY, I BELIEVE IT IS EXTREMELY IMPORTANT THAT HE BE EVALUATED AT THE U OF MO ER. I BELIEVE THAT THE TIME DELAY INVOLVED IN LOCAL EVALUATION & TRIAGE COULD BE POTENTIALLY FATAL TO THE PATIENT. EVEN IF A LOCAL FACILITY WOULD HAVE THE EXPERTISE TO DETERMINE IF THIS IS AN ABSCESS OR AN EXTENSION OF HIS CHRONIC</p>		
PHYSICIAN'S ORDERS		
<p>DISPENSE AS WRITTEN</p> <p>PHYSICIAN SIGNATURE ★ OVER DATE TIME</p>		

SUBSTITUTION PERMITTED		DISPENSE AS WRITTEN	
PHYSICIAN SIGNATURE 3/14/03	DATE 3/14/03	PHYSICIAN SIGNATURE ★ OVER	DATE 3/14/03

University of Missouri, Columbia
Hospital and Clinics

55-92-41-1
BUCKLEW, RUSSELL

RADIOLOGY CONSULTATION - 177-11

Date: OCT 11, 2000

Examination :ANGIO, CAROTID, CERVICAL, BILAT continued...
ESSENTIALLY NEGATIVE NECK ANGIOGRAPHY. THE LESION OF THE MUCOSA AND
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TRUE FISTULA WAS SEEN IN THIS ANGIO A VERY SLOW FLOW TYPE OF LESION IS
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drafted by: NANA AMIRIDZH, MD

I have personally reviewed the images and the residents interpretation
and agree with the findings for this study.
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NXA/clm LOC: 101

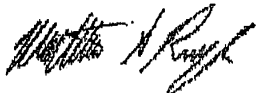
cc: ZITSCH, ROBERT P

Transcribed on OCT 13, 2000
Sent on OCT 13, 2000@17:17

PATIENT NAME: Bucklew, Russell
DATE OF BIRTH: 06/16/1968
EXAM TYPE: MRI NECK WITHOUT CONTRAST
DATE OF EXAM: 06/24/2010
Page 2

IMPRESSION:

1. Complex right-sided facial mass involving multiple pharyngeal and parapharyngeal spaces, involving the right maxillary bone and right nasal cavity and extending into the oropharynx and hypopharynx. At the junction of the oropharynx and hypopharynx, there is a large amount of tumor tissue within the pharyngeal cavity. The airway is significantly compromised at this site.
2. Tracheostomy is present in the upper thorax.



Matthew Ruyle, MD
jb

**ENTERED**

8-10-10

TB

PC001295

DOC ID OFFENDER

00990137 RUSSELL E BUCKLEW

***** OBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

N(Y/N) RETURNED WITH DRESSING OR ASSISTIVE DEVICES	20100602 182132
EXPLAIN:	20100602 182132
Y(Y/N) RECEIVED RECOMMENDATIONS FROM OFF-SITE SPECIALIST	20100602 182132
LIST OF RECOMMENDATIONS: POSSIBLE TX	20100602 182132
O:::MOR :: End of: MEDICAL OUTCOUNT RETURN	20100602 182132
ASSESSMENT	
A: (MOR) MEDICAL OUTCOUNT RETURN	20100602 182132
ASSESSMENT	20100602 182132
A:::MOR :: End of: MEDICAL OUTCOUNT RETURN	20100602 182132
PLAN	
P: (MOR) MEDICAL OUTCOUNT RETURN	20100602 182132
Y(Y/N) RECOMMENDATIONS REVIEWED WITH PRIMARY CARE PHYSICIAN	20100602 182132
Y(Y/N) ORDERS RECEIVED	20100602 182132
Y(Y/N) EDUCATED ON PLAN OF CARE	20100602 182132
-	20100602 182132
	20100602 182132
N(Y/N) FOLLOW-UP APPOINTMENT SCHEDULED WITH SITE PHYSICIAN	20100602 182132
N(Y/N) FOLLOW-UP NURSING ENCOUNTER SCHEDULED	20100602 182132
P:::MOR :: End of: MEDICAL OUTCOUNT RETURN	20100602 182132

NURSE 12327 KIM A KLEIN

SPECIFIC CHARTING INFORMATION

06/02/2010

Nurse encounter MSR filed 20100602 181617

MSR DATE TIME COMPLAINT *****
06/03/2010 06:45 A ENT OUTCOUNT UPDATE

DOCTOR ENCOUNTER APPOINTMENT DATE 06/03/2010 TIME 06:45 A SHOW UP Y PCC

SUBJECTIVE

NONENCOUNTER NOTE Pt had ENT eval per Dr. Zitch	20100603 065315
at UMMC 6/2/10 re cavernous hemangioma c increasing	20100603 065315
frequency of bleeding oral cavity and nose.	20100603 065315
Prior scleral Rx 2000 for cavernous hemangioma and	20100603 065315
eval per Dr. Zitch.	20100603 065315

ASSESSMENT

-Per ENT: some progression of vascular malformation of	20100603 065315
face/neck.	20100603 065315

PLAN

-ENT rec: MRI of head/neck with f/u for treatment	20100603 065315
discussion. (MRI to go c pt for ENT F/U.)	20100603 065315
-Referral for MRI and ENT f/u c MRI.	20100603 065315

DOCTOR WDM00#EM WILLIAM D MCKINNEY

REFERRAL REQUEST DATE 06/03/2010

PCC

REQUEST REASON

S/P PRIOR SCLERAL RX FOR CAVERNOUS HEMANGIOMA 2000. NOW 20100603 065108

DOC ID OFFENDER
00990137 RUSSELL E BUCKLEW

***** REQUEST REASON CONTINUATION FROM PREVIOUS PAGE *****

PROGRESSING C INCREASED FREQUENCY OF ORAL CAVITY AND NASAL BLEED. ENT EVAL DR. ZITCH 6/2/10 REC ABOVE TO EVAL THEN F/U FOR TREATMENT DISCUSSION. (WILL FAX DR. NOTE.) THANKS, WDM
REQUEST COMMENTS
AWAITING FAX FOR REFERRAL REVIEW. CLP 060310
YES PER RMD CONLEY FOR MRI FACE/NECK. CLP 061510
REFER TO: MRI FACE/NECK APPROVED Y

REQUESTOR WDM00#EM WILLIAM D MCKINNEY

SPEC. ENCOUNTER APPOINTMENT DATE 07/14/2010 TIME 08:30 A SHOW UP Y PCC
SPEC. CONTACTS

KNOWN VASCULAR TUMOR SLIGHT PROGRESSION OVER PAST SEVERAL YEARS
1. DISCUSSED SURGICAL OPTIONS WITH LARGE CONCOMITANT DISABILITY PT REFUSED
2. DISCUSSED OTHER OPTIONS INCLUDING OBSERVATION VS RADIATION THERAPY PT WOULD LIKE CONSIDERATION
3. CONSIDER TREATMENT OF NEUROPATHIC PAIN GABAPENTIN?
20100729 135139
20100729 135139
20100729 135139
20100729 135139
20100729 135139
20100729 135139
20100729 135139
20100729 135139

SPECIALIST ZITSCH ROBERT P ZITSCH

SPECIFIC CHARTING INFORMATION

06/03/2010
Doctor/Dentist encounter MSR filed
Request for Referral was submitted
07/14/2010
Appointment with Specialist scheduled
20100603 064543
20100603 065108
20100615 134058

MSR DATE TIME COMPLAINT *****
06/03/2010 06:53 A ENT F/U FOR CAVERNOUS HEMANGIOMA

REFERRAL REQUEST DATE 06/03/2010 PCC

REQUEST REASON
SEEN IN F/U PER DR. ZITCH 6/2/10. HX AS PER REFERRAL FOR MRI. PT WILL NEED F/U AS ABOVE P MRI.
THANKS, WDM.
20100603 065545
20100603 065545
20100603 065545

REQUEST COMMENTS
AWAITING FAX FOR REFERRAL REVIEW. CLP 060310
YES PER RMD CONLEY FOR F/U #1 ENT. CLP 060310
REFER TO: ENT F/U C DR. ZITCH FOR TREATMENT OPTS. APPROVED Y
20100603 075622
20100603 133650

REQUESTOR WDM00#EM WILLIAM D MCKINNEY

SPEC. ENCOUNTER APPOINTMENT DATE 06/23/2010 TIME 08:00 A SHOW UP Y PCC
ASSESSMENT

MRI NECK WITHOUT CONTRAST AND FACE
CLINICAL DATA: RIGHT SIDED FACIAL MASS, FACIAL BURNING AND P
20100812 083408
20100812 083408

DOC ID OFFENDER
00990137 RUSSELL E BUCKLEW

***** ASSESSMENT CONTINUATION FROM PREVIOUS PAGE *****

AIN 20100812 083408
TECHNIQUE: MULTIPLANAR MULTISEQUENTIAL IMAGING WAS PERFORMED 20100812 083408
OF THE NECK AND FACE WITHOUT CONTRAST. THE STUDY WAS ORDERED 20100812 083408
D WITH AND WITHOUT IV CONTRAST. HOWEVER, THE PATIENT REFUSED 20100812 083408
CONTRAST. 20100812 083408
FINDINGS: THERE IS A LARGE COMPLEX RIGHT FACIAL MASS. THE MASS 20100812 083408
INVOLVES THE RIGHT PHARYNGEAL WALL, EXTENDS INTO THE PARAP 20100812 083408
HARYNGEAL SPACE ADJACENT TO THE RIGHT SIDE OF THE MANDIBLE 20100812 083408
INFERIORLY THE MASS EXTENDS FROM THE HYPOPHARYNX JUST ABOVE 20100812 083408
THE TIP OF THE EPIGLOTTIS. SUPERIORLY, THE MASS EXTENDS TOWA 20100812 083408
RD AND POSSIBLE INTO THE POSTERIOR LEFT NASAL CAVITY AT THE 20100812 083408
LEVEL OF THE INFERIOR LEFT ETHMOID AND RIGHT MIDDLE MEATUS. 20100812 083408
THE MASS SURROUNDS THE RIGHT PTERYGOID MUSCULATURE. I DO NO 20100812 083408
T IDENTIFY A DEFINITE RIGHT BUCCINATOR OR MASTICATOR MUSCLE. 20100812 083408
THE MASS FILLS THE MASTICATOR SPACE AND EXTENDS INTO THE SU 20100812 083408
BMANDIBULAR REGION INFERIORLY. 20100812 083408
IN THE PHARYNX, THE MASS OCCUPIES A LARGE SPACE WITHIN THE O 20100812 083408
ROPHARYNX AND HYPOPHARYNX. THE AIRWAY IS SEVERELY COMPROMISED 20100812 083408
AT THIS SITE, A TRACHEOSTOMY IS NOTED IN THE UPPER THORAX. 20100812 083408
THE MASS MEASURES UP TO 6.5 CM TRANSVERSE DIAMETER BY 4.4CM 20100812 083408
AP DIAMETER BY 8.1CM IN CRANIOCAUDAL LENGTH. THERE IS TUMOR 20100812 083408
TISSUE INVOLVING THE RIGHT MAXILLARY BONE ROOF AND EXTENDING 20100812 083408
INTO THE RIGHT NASAL CAVITY. ABOVE THE MASS WITHIN THE NASAL 20100812 083408
CAVITY, THERE IS OPACIFICATION OF THE RIGHT ETHMOID AIR CEL 20100812 083408
LS WHICH ARE LIKELY INCLUDED. 20100812 083408
CORONAL IMAGES DEMONSTRATE AN ELONGATED EXTENSION OF THE MAS 20100812 083408
S WITHIN THE OROPHARYNX AND HYPOPHARYNX AGAIN JUST TO ABOVE 20100812 083408
THE EPIGLOTTIS. 20100812 083408
IMPRESSION: 20100812 083408
1. COMPLEX RIGHT SIDED FACIAL MASS INVOLVING MULTIPLE PHARYN 20100812 083408
GEAL AND PARAPHARYNGEAL INVOLVING THE RIGHT MAXILLARY BONE A 20100812 083408
ND RIGHT NASAL CAVITY AND EXTENDING INTO THE OROPHARYNX AND 20100812 083408
HYPOPHARYNX. AT THE JUNCTION OF THE OROPHARYNX AND HYPOPHARY 20100812 083408
NX, THERE IS A LARGE AMOUNT OF TUMOR TISSUE WITHIN THE PHARY 20100812 083408
NGEAL CAVITY. THE AIRWAY IS SIGNIFICANTLY COMPROMISED AT THI 20100812 083408
S SITE 20100812 083408
2. TRACHEOSTOMY IS PRESENT IN THE UPPER THORAX 20100812 083408

SPECIALIST VISTA . VISTA

SPECIFIC CHARTING INFORMATION

06/03/2010

Request for Referral Initiation filed

20100603 065545

06/23/2010

Appointment with Specialist scheduled

20100615 134114

MSR DATE TIME COMPLAINT *****
06/03/2010 09:50 A QMHP - CHRONIC CARE ENCOUNTER

DOC ID OFFENDER
00990137 RUSSELL E BUCKLEW
SPECIFIC CHARTING INFORMATION
07/16/2010

Doctor/Dentist encounter MSR filed

20100716 081644

MSR DATE TIME COMPLAINT *****
07/16/2010 01:59 P F/U PAIN CONTROL

DOCTOR ENCOUNTER APPOINTMENT DATE 08/16/2010 TIME 08:30 A SHOW UP Y PCC
SUBJECTIVE

Pt reports pain from prior GSW to neck was quickly decreased c Neurontin. There is some decrease of burning pain on his lips and face related to the hemangioma. Pt completing HHN Rx and breathing much better. He remains on Amoxil.

20100816 085851
20100816 085851
20100816 085851
20100816 085851
20100816 085851

OBJECTIVE

BP 104/072 PL076 RS020 TP0983 WT157 BS000 PF000
No distress.
Lungs: good breath sounds c scattered rhonchi.

20100816 085851
20100816 085852
20100816 085852

ASSESSMENT

-Cavernous hemangioma c pain: improved.

20100816 085852

PLAN

-Refill Neurontin 300mg po TID x 90 days. Will need refill in 90 days.
-Entered pt in CCC for pain. Exam 6 months.
-Discussed Amoxil c pt---to complete.

20100816 085852
20100816 085852
20100816 085852
20100816 085852

DOCTOR WDM00#EM WILLIAM D MCKINNEY

SPECIFIC CHARTING INFORMATION

08/16/2010

Doctor/Dentist encounter MSR filed

20100716 135952

MSR DATE TIME COMPLAINT *****
07/27/2010 07:18 A QMHP - CHRONIC CARE ENCOUNTER

SPECIFIC CHARTING INFORMATION

07/27/2010

Technician/MH encounter MSR filed

20100727 072201

07/28/2010

Rescheduled Tech./MH appointment

20100727 072331

MSR DATE TIME COMPLAINT *****
07/28/2010 02:03 P PSYCHIATRIST - CHRONIC CARE/FOLLOW-UP

SPECIFIC CHARTING INFORMATION

07/29/2010

Doctor/MH encounter MSR filed

20100728 140406

MSR DATE TIME COMPLAINT *****
08/03/2010 11:17 A (RT CONSULT) RT IS APPROPRIATE TO CONSIDER.
NEEDS EVAL. WILL PLAN TO SEND MRI OF HEAD/NECK
(WILL FAX DR. ZITSCH'S NOTE.) THANKS, WDM.

DOC ID OFFENDER
00990137 RUSSELL E BUCKLEW

REFERRAL REQUEST DATE 08/03/2010

PCC

REQUEST REASON

42 YO C PROGRESSIVE CAVERNOUS HEMANGIOMA. ENT, DR. ZITSCH	20100803	112043
F/U EVAL 7/14/10 REC. RT BECAUSE SURGERY WOULD BE VERY	20100803	112043
EXTENSIVE AND DEBILITATING. I SPOKE C DR. ALLEN'S NURSE	20100803	112043
7/30/10 AND DISCUSSED CASE. OFFICE CALLED BACK INDICATING	20100803	112043

REQUEST COMMENTS

THANKS EJC 08/04/10	20100804	072044
REFER TO: DR. ALLEN: RT CONSULT	APPROVED	Y

REQUESTOR WDM00#EM WILLIAM D MCKINNEY

SPEC. ENCOUNTER APPOINTMENT DATE 09/03/2010 TIME 08:00 A SHOW UP Y PCC
ASSESSMENT

GOLDSCHMIDT CANCER CENTER CONSULTATION	20101005	102606
DIAGNOSIS: PRIMARY 228.0-HEMANGIOMA OF OTHER SITES, DIAGNOSE	20101005	102606
D 9/3/10	20101005	102606
THE FOLLOWING INFORMATION WAS OBTAINED FROM PERSONAL PATIENT	20101005	102606
TESTIMONY AND AVAILABLE RECORDS FROM VARIOUS PHYSICIAN OFFI	20101005	102606
CES, HOSPITALS AND CLINICS.	20101005	102606
HISTORY OF PRESENT ILLNESS: THE PATIENT IS A 42 YEAR OLD WHI	20101005	102606
TE MALE HWO IS APPARENTLY A PRISONER ON DIATH ROW INPOTOSI M	20101005	102606
ISSOURI. SHE HAS HAD A MENAGIOMA FROM BIRTH. IT HAS BEEN SLO	20101005	102606
WLY GROWNING OVER A UMBER OF YEARS INTO THE NASAL CAVITY THE	20101005	102606
HARD AND SOFT PALATE THE ANTERIOR MAXILLA AT THE MDLINE AND	20101005	102606
DOWN IN THE POSTERIOR PHARYNYX AND UVULA AREA. RECETNLY THE	20101005	102606
ROWTH RATE HAS INCREASED AND THE PATIENT STATES HE IS IN DAN	20101005	102606
GER OF BLEEDING POSSIBLY UNCONTROLLABLY IF ONE OF THE BLOOD	20101005	102606
VESSELS IN THE ROOF OF HIS MOUTH WAS TO BE PUNCTURED BY PER	20101005	102606
PES OF FOOD. HE STATES THAT HE DOES HAVE SOME OOZING AND BLE	20101005	102606
EDING WITH HARD FOOD. UP UNTIL NOW THIS HAS BEEN CONTROLLED	20101005	102606
WITH ALPHA INTERFERON SCLEROTHERAPY OF THE DIRECTION OF DR.	20101005	102606
ROBERT ZITSCH AT THE UNIVERSITY OF MISSSOURI ENT CLINIC. HE	20101005	102606
IS HERE TODAY TO EXPLORE THE POSSIBILILTY OF RADIATION THERAP	20101005	102606
Y AS A WAY TO DECREASE THE BLEEDING WITH EATING	20101005	102606
WITH THE EXCEPTION OF THE HPI NAD ROS THE PATIENT HAS NO OTH	20101005	102606
ER SYMPTOMS REFERABLE TO THE CENTRAL OR PERIPHERAL NERVOUS S	20101005	102606
YSTEM, CARDIOVASCULAR, RESPIRATORY, GASTROINTESTINAL, GENITO	20101005	102606
URINARY MUSCULOSKELETAL ENDOCRINE OR PYSCHIATRIC SYSTEMS.	20101005	102606
REVIEW OF SYSTEMS; CONSTITUTIONAL NORMAL-DENIES LACK OF APPE	20101005	102606
TITE, FAATIGUE FEVER, RIGORS/CHILLS NAD CHANGE IN WEIGHT. EY	20101005	102606
ES NORMAL-DENIES VISULAL DIFFICULTIES. ENMT ABNORMAL-COMPLAI	20101005	102606
NTS OF DYSPHAGIA AND ORAL BLEEDING. DENIES EAR PAIN, PROBLME	20101005	102606
S IWTH HEARING, MOUTH DRYNESS SINUSITIS, SPUTUM PRODUCTION	20101005	102606
AND ALTERED TASTE. NECK NORMAL-DENIES NECK MASSES MUSCLE WEA	20101005	102606
KNESS, NECK PAIN, DECREASED RANGE OF MOTION AND SWELLING OF	20101005	102606
THE NECK. INTEGUMENTARY NORMAL-DENIES DRY SKIN FACIAL BURNIN	20101005	102606
G, PRURITUS AND RASH. CARDIOVASCULAR NORMAL -DENIES CHEST PA	20101005	102606
IN DYSPNEA AND EDEMA. RESPIRATORY NORMAL -DENEIS COUGH, DYSP	20101005	102606
NEA, HEMOPTYSIS AND HICCOUGHS. GASTROINTESTINAL NORMAL-DENIE	20101005	102606

DOC ID OFFENDER

00990137 RUSSELL E BUCKLEW

***** ASSESSMENT CONTINUATION FROM PREVIOUS PAGE *****

S ABDOMINAL PAIN, CHANGE IN BOWEL HABITS, CONSTIPATION, DIARRHEA, MELENA/ GI BLEEDING AND NAUSEA GENITOURINARY (M) NORMAL-DENIES DYSURIA, FREQUENCY AND HEMATURIA. MUSCULOSKELETAL NORMAL DENIES ARTHRITIS, BONE PAIN, JOINT PAIN, MUSCLE WEAKNESS AND DECREASED RANGE OF MOTION. NEUROLOGIC NORMAL-DENIES DISORIENTATION, DIZZINESS, ABNORMAL GAIT, HEADACHES, INSOMNIA AND MEMORY LOSS. ENDOCRINE NORMAL-DENIES DIABETES, HOT FLASHES AND THYROID DISEASE. 20101005 102606

MEDICAL HISTORY; AS ABOVE IN THE HISTORY OF PRESENT ILLNESS 20101005 102606

SURGICAL HISTORY: SCLEROTHERAPY IN 2000 (CAVERNOUS HEMANGIOMA) AND TRACHEOTOMY IN (REMOVED AND HEALED APPROXIMATELY 5 YEARS AGO) 20101005 102606

FAMILY HISTORY: NONCONTRIBUTORY 20101005 102606

SOCIAL HISTORY: ACTIVE SMOKER 0.5 PACKS/DAY FOR 25 YEARS 20101005 102606

12.5 PACK YEARS). PATIENT INDICATED USE OF THE FOLLOWING PRODUCTS: CIGARS MARIJUANA, INCARCERATED. REGULAR MEALS. DAILY ACTIVITIES 20101005 102606

MEDICATIONS: CLONAZEPAM, GABAPENTIN, HYDROXAZINE, MIRTAZAPINE, TOBRAMYCIN 20101005 102606

ALLERGIES: TORADOL RESULTING IN SKIN RASHED/HIVES 20101005 102606

COMPazine RESULTING IN TREMORS 20101005 102606

ASPIRIN RESULTING IN CANNOT TAKE DUE TO TENDENCY TO BLEED EARLY 20101005 102606

ECOG PERFORMANCE STATUS: NA 20101005 102606

PAIN: IS 20101005 102606

NUTRITION 20101005 102606

PHYSICAL EXAMINATION: CONSTITUTIONAL NORMAL- NO EVIDENCE OF IMPAIRED ALERTNESS, INADEQUATE APPEARANCE, PREMATURE OF ADVANCED CHRONOLOGIC AGE, UNCOOPERATIVENESS, DEVELOPMENTAL DELAYS, ALTERED MOOD AND AFFECT AND DISORIENTATION. HEAD ABNORMAL PRESENTS WITH SCARS THE PATIENT HAS PURPLISH BLUE AREA TO THE RIGHT SIDE OF THE NOSE AND PURPLISH AREA IN THE MIDDLE OF THE UPPER LIP REPRESENTING PORTIONS OF THE HEMANGIOMA THERE AND NEAR THE SURFACE OF THE SKIN. EYES NORMAL-NO EVIDENCE OF CONJUNCTIVITIS, NONREACTIVE PUPILS AND SCLERAL ABNORMALITIES. NECK NORMAL- NO EVIDENCE OF DISTENSION, TENDER OR ENLARGED LYMPH NODES, NECK ABNORMALITIES, RESTRICTED RANGE OF MOTION AND ENLARGED THYROID. GLAND, CARDIOVASCULAR NORMAL- NO EVIDENCE OF ARTERIAL PULSES ABNORMALITIES, ABNORMAL HEART RATE, HEART ARRHYTHMIA AND ABNORMAL HEART SOUNDS RESPIRATORY NORMAL- NO EVIDENCE OF ABNORMAL BREATH SOUNDS AND CHEST ABNORMALITIES ON PERCUSSION. EXTREMITIES NORMAL- NO EVIDENCE OF LOWER EXTREMITIES ABNORMALITIES TENDER OR ENLARGED LYMPH NODES AND UPPER EXTREMITIES ABNORMALITIES. BACK/ SPINE NORMAL-NO EVIDENCE OF REDUCED FLEXIBILITY AND ABNORMAL SPINE CURVATURE. MUSCULOSKELETAL NORMAL. -NO EVIDENCE OF BONE ABNORMALITIES, JOINT ABNORMALITIES, JOINTS, COMPROMISED MUSCLE TONE AND RESTRICTED RANGE OF MOTION. NEUROLOGICAL NORMAL- NO EVIDENCE OF IMPAIRED CRANIAL NERVE(S) AND UNCOORDINATED GAIT 20101005 102606

IMPRESS: BUCKLEW IS A PLEASANT 42 YO MALE WHO HAS BEEN DIAGNOSED 20101005 102606

DOC ID OFFENDER

00990137 RUSSELL E BUCKLEW

***** ASSESSMENT CONTINUATION FROM PREVIOUS PAGE *****

SED WITH PROGRESSIVE HEMANGIOMA WHICH IS BEEN ENLARGING ND T 20101005 102606
AKING UP AN AREA FROM THE EXTERNAL NASAL CAVITY ACROSS THE H 20101005 102606
ARD AND SOFT PALATE DOWN THE POSTERIOR PHARYNX UVULA DN TONS 20101005 102606
ILLAR PILLARS. THE PATIENT IS EXPERIENCING BLEEDING WHEN HE 20101005 102606
IS EATING HARD FOODS AND IS IN DANGER OF SERIOUS BLEEDING IF 20101005 103231
HE PUNCTURES A LARGER BLOOD VESSEL IN HEMANGIOMA. HE HAS RE 20101005 103232
PONDED PARTIALLY TO SCLEROTHERAPY USING ALPHA INTERFERON BY 20101005 103232
THE PATIENTS REPORT. THIS IS BEEN ADMINISTERED BY DR . ROBER 20101005 103232
T ZITSCH IN ENT AT UNIVERSITY OF MISSOURI. HE IS HERE TO EXP 20101005 103232
LORE THE POSSIBILITY RADIATION THERAPY IN THE MANAGEMENT OF T 20101005 103232
HIS BENIGN DISORDER. 20101005 103232
I WILL REVEIW THIS CASE AT PEER REVIEW ON WEDNESDAY NIGHT NE 20101005 103232
XT. WEEK. MY INITAIL REACTION IS THAT THIS SHOULD RESPOND TO 20101005 103232
A DOSE OF RADIATION THERAPY SOMWHERE BETWEEN 30-40 GRAY. 20101005 103232
THE CHALLENGE WILL BE TO DELIVER THIS IN A CONFORMAL MANNER 20101005 103232
THAT DOES NOT HARM THE OPTIC STRUCTURES OR CAUSE IN UNDUE AM 20101005 103232
OUNT OF SIDE EFFECTS SUCH AS A SORE THROAT OR XEROSTOMIA. I 20101005 103232
WENT OVER THE PORCESS WITH THE PATINET AND THE POTENTIAL SID 20101005 103232
E EFFECTS AND THE POSSIBILITY OF SCLEROSING THIS LESION WITH 20101005 103232
RADIATION. THERAPY. HE APPEARED TO UNDERSTAND WAS DISCUSSED 20101005 103232
AND HAS REPORTEDLY STATED TO THE GUARDS WHO ACCOMPAANIED HIM 20101005 103232
THAT HE IS NOT INCLINED TO TAKE RADIATION THERAPY AT THIS T 20101005 103232
IME. I WILL RELAY THE RESULTS OF MY DISCUSSION AT PEER REVIEW 20101005 103232
TO THE PRISON AUTHORITIES WHEN THEY BECOME AVAILABLE 20101005 103232
THANK YOU FOR ALLOWING ME TO PARTICIPATE IN THE CARE OF THIS 20101005 103232
PATINET. IF YOIUR HAVE FURHTER QUESTIONS, PLEASE DO NOT HES 20101005 103232
ITATE TO CONTACT ME REGARDING ANY ASPECT OF THIS PATIENTS CA 20101005 103232
RE 20101005 103232
ADDENDUM: I DISCUSSED THIS WITH MY PARTNERS AT PEER REVIEW. 20101005 103232
THERY ARE IN AGREEMNT AND SUGGEST THAT A DOSE OF AROUND 30 G 20101005 103232
RAY MAY BE PALLIATIVE REGARDING REDCUTION OF THE POTENITAL F 20101005 103232
OR BLEEDING. IF MR. BUCKLEW IS INTEREDSTED IN SOMETHIN G OTH 20101005 103232
ER TAHN ALPHA INTERFERON SCLEROTHERAPY THEN WE WILL REVISIT 20101005 103232
THIS ISSUE. 20101005 103232

SPECIALIST ALLEN

DR. ALLEN

SPECIFIC CHARTING INFORMATION

08/03/2010

Request for Referral Initiation filed

20100803 112043

08/19/2010

Appointment with Specialist scheduled

20100804 143415

09/03/2010

Appointment with Specialist rescheduled

20100825 102623

MSR DATE TIME COMPLAINT *****

08/04/2010 07:31 A IS IT POSSIBLE TO HAVE ANOTHER CONSULT?

DOC ID OFFENDER
00990137 RUSSELL E BUCKLEW

***** REQUEST REASON CONTINUATION FROM PREVIOUS PAGE *****

PROGRESSING C INCREASED FREQUENCY OF ORAL CAVITY AND NASAL BLEED. ENT EVAL DR. ZITCH 6/2/10 REC ABOVE TO EVAL THEN F/U FOR TREATMENT DISCUSSION. (WILL FAX DR. NOTE.) THANKS, WDM
REQUEST COMMENTS
AWAITING FAX FOR REFERRAL REVIEW. CLP 060310
YES PER RMD CONLEY FOR MRI FACE/NECK. CLP 061510
REFER TO: MRI FACE/NECK APPROVED Y

REQUESTOR WDM00#EM WILLIAM D MCKINNEY

SPEC. ENCOUNTER APPOINTMENT DATE 07/14/2010 TIME 08:30 A SHOW UP Y PCC
SPEC. CONTACTS

KNOWN VASCULAR TUMOR SLIGHT PROGRESSION OVER PAST SEVERAL YEARS
1. DISCUSSED SURGICAL OPTIONS WITH LARGE CONCOMITANT DISABILITY PT REFUSED
2. DISCUSSED OTHER OPTIONS INCLUDING OBSERVATION VS RADIATION THERAPY PT WOULD LIKE CONSIDERATION
3. CONSIDER TREATMENT OF NEUROPATHIC PAIN GABAPENTIN?
20100729 135139
20100729 135139
20100729 135139
20100729 135139
20100729 135139
20100729 135139
20100729 135139
20100729 135139

SPECIALIST ZITSCH ROBERT P ZITSCH

SPECIFIC CHARTING INFORMATION

06/03/2010
Doctor/Dentist encounter MSR filed
Request for Referral was submitted
07/14/2010
Appointment with Specialist scheduled
20100603 064543
20100603 065108
20100615 134058

MSR DATE TIME COMPLAINT *****
06/03/2010 06:53 A ENT F/U FOR CAVERNOUS HEMANGIOMA

REFERRAL REQUEST DATE 06/03/2010 PCC

REQUEST REASON
SEEN IN F/U PER DR. ZITCH 6/2/10. HX AS PER REFERRAL FOR MRI. PT WILL NEED F/U AS ABOVE P MRI.
THANKS, WDM.
20100603 065545
20100603 065545
20100603 065545

REQUEST COMMENTS
AWAITING FAX FOR REFERRAL REVIEW. CLP 060310
YES PER RMD CONLEY FOR F/U #1 ENT. CLP 060310
REFER TO: ENT F/U C DR. ZITCH FOR TREATMENT OPTS. APPROVED Y
20100603 075622
20100603 133650

REQUESTOR WDM00#EM WILLIAM D MCKINNEY

SPEC. ENCOUNTER APPOINTMENT DATE 06/23/2010 TIME 08:00 A SHOW UP Y PCC
ASSESSMENT

MRI NECK WITHOUT CONTRAST AND FACE
CLINICAL DATA: RIGHT SIDED FACIAL MASS, FACIAL BURNING AND P
20100812 083408
20100812 083408

DOC ID OFFENDER
00990137 RUSSELL E BUCKLEW

***** ASSESSMENT CONTINUATION FROM PREVIOUS PAGE *****

AIN 20100812 083408
TECHNIQUE: MULTIPLANAR MULTISEQUENTIAL IMAGING WAS PERFORMED 20100812 083408
OF THE NECK AND FACE WITHOUT CONTRAST. THE STUDY WAS ORDERED 20100812 083408
D WITH AND WITHOUT IV CONTRAST. HOWEVER, THE PATIENT REFUSED 20100812 083408
CONTRAST. 20100812 083408
FINDINGS: THERE IS A LARGE COMPLEX RIGHT FACIAL MASS. THE MASS 20100812 083408
INVOLVES THE RIGHT PHARYNGEAL WALL, EXTENDS INTO THE PARAPHARYNGEAL SPACE ADJACENT TO THE RIGHT SIDE OF THE MANDIBLE 20100812 083408
INFERIORLY THE MASS EXTENDS FROM THE HYPOPHARYNX JUST ABOVE 20100812 083408
THE TIP OF THE EPIGLOTTIS. SUPERIORLY, THE MASS EXTENDS TOWARD 20100812 083408
AND POSSIBLE INTO THE POSTERIOR LEFT NASAL CAVITY AT THE 20100812 083408
LEVEL OF THE INFERIOR LEFT ETHMOID AND RIGHT MIDDLE MEATUS. 20100812 083408
THE MASS SURROUNDS THE RIGHT PTERYGOID MUSCULATURE. I DO NOT 20100812 083408
IDENTIFY A DEFINITE RIGHT BUCCINATOR OR MASTICATOR MUSCLE. 20100812 083408
THE MASS FILLS THE MASTICATOR SPACE AND EXTENDS INTO THE SUBMANDIBULAR REGION INFERIORLY. 20100812 083408
IN THE PHARYNX, THE MASS OCCUPIES A LARGE SPACE WITHIN THE OROPHARYNX AND HYPOPHARYNX. THE AIRWAY IS SEVERELY COMPROMISED 20100812 083408
AT THIS SITE, A TRACHEOSTOMY IS NOTED IN THE UPPER THORAX. 20100812 083408
THE MASS MEASURES UP TO 6.5 CM TRANSVERSE DIAMETER BY 4.4 CM 20100812 083408
AP DIAMETER BY 8.1 CM IN CRANIOCAUDAL LENGTH. THERE IS TUMOR 20100812 083408
TISSUE INVOLVING THE RIGHT MAXILLARY BONE ROOF AND EXTENDING 20100812 083408
INTO THE RIGHT NASAL CAVITY. ABOVE THE MASS WITHIN THE NASAL 20100812 083408
CAVITY, THERE IS OPACIFICATION OF THE RIGHT ETHMOID AIR CELLS WHICH ARE LIKELY INCLUDED. 20100812 083408
CORONAL IMAGES DEMONSTRATE AN ELONGATED EXTENSION OF THE MASS 20100812 083408
WITHIN THE OROPHARYNX AND HYPOPHARYNX AGAIN JUST TO ABOVE 20100812 083408
THE EPIGLOTTIS. 20100812 083408
IMPRESSION: 20100812 083408
1. COMPLEX RIGHT SIDED FACIAL MASS INVOLVING MULTIPLE PHARYNGEAL AND PARAPHARYNGEAL INVOLVING THE RIGHT MAXILLARY BONE AND RIGHT NASAL CAVITY AND EXTENDING INTO THE OROPHARYNX AND HYPOPHARYNX. AT THE JUNCTION OF THE OROPHARYNX AND HYPOPHARYNX, THERE IS A LARGE AMOUNT OF TUMOR TISSUE WITHIN THE PHARYNGEAL CAVITY. THE AIRWAY IS SIGNIFICANTLY COMPROMISED AT THIS SITE 20100812 083408
2. TRACHEOSTOMY IS PRESENT IN THE UPPER THORAX 20100812 083408

SPECIALIST VISTA . VISTA

SPECIFIC CHARTING INFORMATION

06/03/2010

Request for Referral Initiation filed

20100603 065545

06/23/2010

Appointment with Specialist scheduled

20100615 134114

MSR DATE TIME COMPLAINT *****
06/03/2010 09:50 A QMHP - CHRONIC CARE ENCOUNTER

DOC ID OFFENDER

00990137 RUSSELL E BUCKLEW

***** OBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

Discoloration c hemangioma Rt side of nose, lip, hard palate and edematous discolored uvula. No active bleed on exam today. 20100517 090728

Neck: no mass. 20100517 090728

ASSESSMENT

-Cavernous hemangioma c increasing frequency of bleeding. 20100517 090728

PLAN

-Discussed c pt. He is agreeable to f/u c ENT at UMMC. 20100517 090728

-Referral entered. 20100517 090729

-Lay-in to continue mechanical soft diet. 20100517 090729

DOCTOR WDM00#EM WILLIAM D MCKINNEY

REFERRAL REQUEST DATE 05/17/2010

PCC

REQUEST REASON

41 YO S/P SCLERAL RX FOR CAVERNOUS HEMANGIOMA 2000. PT WAS 20100517 090403

SEEN BY DR. ZITCH. DID WELL FOR LONG TIME. NOW 6 MONTH HX 20100517 090403

INCREASING BLEEDS. NOW BLEEDING 5-6X/WEEK. EXAM: DISCOLORA 20100517 090403

TION RT SIDE OF NOSE, CAVERNOUS HEMANGIOMA LIP, HARD PALATE, 20100517 090403

AND LARGE DISCOLORED UVULA. NO CURRENT ACTIVE BLEED. 20100517 090403

PT RECENTLY IN T.C.U. P HEMATEMESIS. NEEDS F/U ENT 20100517 090403

EVAL RE TREATMENT OPTIONS. 20100517 090403

THANKS, WDM. 20100517 090403

REQUEST COMMENTS

WILL REFER TO RMD FOR DETERMINATION. CLP 051710 20100517 103455

YES PER RMD CONLEY FOR ENT CONSULT. CLP 051810 20100518 105046

REFER TO: DR. ZITCH ENT UMMC APPROVED Y

REQUESTOR WDM00#EM WILLIAM D MCKINNEY

SPEC. ENCOUNTER APPOINTMENT DATE 06/02/2010 TIME 02:00 P SHOW UP Y PCC

SPEC. CONTACTS

PT HAS VASCULAR MALFORMATION FOR MANY YEARS. NOTES 20100607 133504

INCREASED BLEEDING FREQUENCY FROM ORAL CAVITY/ NO 20100607 133504

SE. 20100607 133504

VASCULAR MALFORMATION-FACE/NECK -SOME PROFESSION N 20100607 133504

OTED 20100607 133504

REC: MRI -HEAD/NECK -F/U FOR TREATMENT DISCUSSION 20100607 133504

PLEASE HAVE PT CARRY MRI'S TO F/U VISIT -NEED TO D 20100607 133504

ISCUSS POSSIBLE SURGICAL TREATMENT THANKS RPZ 20100607 133504

SPECIALIST ZITSCH ROBERT P ZITSCH

SPECIFIC CHARTING INFORMATION

05/18/2010

Doctor/Dentist encounter MSR filed 20100516 155934

05/17/2010

Rescheduled Doctor appointment 20100516 171946

Request for Referral was submitted 20100517 090403

RECEIVED CALL FROM FATHER ROBERT. IS IN COMPUTER AS CONTACT. 20100517 101225

DOC ID OFFENDER
00990137 RUSSELL E BUCKLEW

***** SPECIFIC CHARTING INFORMATION CONTINUATION FROM PREVIOUS PAGE *****

NO WITHDRAWN	20110929	122756
NO HOSTILE/ANGRY	20110929	122756
YES QUIET	20110929	122756
NO MANIC BEHAVIOR	20110929	122756
YES DENIES COMPLAINT	20110929	122756
10/04/2011		
NO SIGNS OF TRAUMA	20111004	123949
NO MEDICAL/MENTAL HEALTH COMPLAINTS	20111004	123952
NO EXISTING MEDICAL/MENTAL HEALTH COMPLAINTS	20111004	123952
NO CRYING	20111004	123952
YES ORIENTED X'S 3	20111004	123952
NO WITHDRAWN	20111004	123952
NO HOSTILE/ANGRY	20111004	123952
YES QUIET	20111004	123952
NO MANIC BEHAVIOR	20111004	123952
YES DENIES COMPLAINT	20111004	123952

MSR DATE TIME COMPLAINT *****
10/04/2011 04:24 P QMHP - CHRONIC CARE ENCOUNTER

SPECIFIC CHARTING INFORMATION

10/04/2011
Technician/MH encounter MSR filed 20111004 162438

MSR DATE TIME COMPLAINT *****
10/06/2011 04:37 P PHYSICAL

DOCTOR ENCOUNTER APPOINTMENT DATE 10/10/2011 TIME 01:15 P SHOW UP Y PCC
SUBJECTIVE

PLEASE SEE COMPLETED H&P. 20111010 094241
OBJECTIVE
BP 120/080 PL098 RS018 TP0978 WT161 BS000 PF000 20111010 094241
PLAN
-Pt was informed that I have placed a call to ENT, Dr. 20111010 094241
Zitch last week re possiblity of sclerosing Rx for 20111010 094241
his cavernous hemangioma. Await Dr. Zitch's return call. 20111010 094241

DOCTOR WDM00#EM WILLIAM D MCKINNEY

SPECIFIC CHARTING INFORMATION

10/10/2011
Doctor/Dentist encounter MSR filed 20111006 163714

MSR DATE TIME COMPLAINT *****
10/07/2011 10:32 A VERBAL ORDER

SPECIFIC CHARTING INFORMATION

10/07/2011
Doctor/MH encounter MSR filed 20111007 103213
10/08/2011

DOC ID OFFENDER
00990137 RUSSELL E BUCKLEW

NURSE ENCOUNTER APPOINTMENT DATE 03/15/2012 TIME 01:30 A SHOW UP Y PCC
OBJECTIVE

0130AM IN BED SLEEPING LIGHTS OUT	20120315 013725
0330am resting in bed with a towel covering his eyes	20120315 055405
	20120315 055405
0530am up ate breakfast	20120315 055405
still unable to blink left eye	20120315 055405

NURSE LBB000EM LOIS B BACH

SPECIFIC CHARTING INFORMATION

03/15/2012
Nurse encounter MSR filed 20120314 234905

MSR DATE TIME COMPLAINT *****
03/15/2012 07:49 A T.C.U. OBSERVATION

DOCTOR ENCOUNTER APPOINTMENT DATE 03/15/2012 TIME 07:30 A SHOW UP Y PCC
SUBJECTIVE

HISTORY OF COMPLAINT AND REASON S/HE NEEDS OBSERVATION 20120315 080242
Pt was recurrent SDME re concerns he was having a CVA. 20120315 080242

Mr. Bucklew is a 43 yo WM c extensive cavernous hemangioma. 20120315 080242

3/14/12 he noted acute onset of drooling from the Lt side of his mouth, decreased sensation Lt side of his face, watery OS, pain posterior to Lt ear. No pain. 20120315 080242

Today he is aware of decreased sensation/alterd taste on Lt side of his tongue. No further discomfort posterior to Lt ear. He denies any trauma or recent URI of viral syndrome. No prior hx of like sx's. 20120315 080242

OBJECTIVE

PERTINENT PE FINDINGS, LAB OR XRAY, VS INCLUDING WEIGHT 20120315 080242
General: anxious WM but not acutely ill. 20120315 080242

Face: mild relaxation of Lt sided facial muscles from forehead to Lt corner of mouth. Nontender. 20120315 080242

Eyes: PERRL + Bell's phenomenon when he trys to close his Lt eye and unaware to him, the eye does not completely close. 20120315 080242

Ears: canals and TM's clear 20120315 080242

Oral cavity: + cavernous hemangioma Rt side of mouth, palate and large involved uvula. 20120315 080242

Neck: supple, no nodes. + scar s/p old trach 20120315 080242

Lungs: clear 20120315 080242

Heart: rr, nl s1, s2, no mur 20120315 080242

Abd: thin, soft, bland 20120315 080242

Neuro: no deficits other than Bell's. 20120315 080242

ASSESSMENT

STATUS OF PATIENT 20120315 080242

Stable, mild to mod Bell's Palsy. 20120315 080243

PC001913

DOC ID OFFENDER
00990137 RUSSELL E BUCKLEW
***** PLAN CONTINUATION FROM PREVIOUS PAGE *****

PLAN

ACYCLOVIR 200MG CAP	20120315	075926
1 PO 5 TIMES A DAY FOR 10 DAYS: #50/10 DAYS	20120315	075926
010 50 / 10 DAYS	20120315	075926
PREDNISONE 20MG TAB	20120315	075926
60MG/DAY X 5DAYS;; 40MG/DAY X 5DAYS;; 20MG/DAY X 5 DAYS: #ST	20120315	075926
015 STOCK	20120315	075926
TREATMENT PLAN	20120315	080243
-Pt education done re Bell's natural hx and that sx's may	20120315	080243
evolve more over the next 24 hours.	20120315	080243
-May be discharged back to the H-U.	20120315	080243
-Add Acyclovir 200mg 5 x/day x 10 days and Prednisone on	20120315	080243
tapered dose.	20120315	080243
-Handout given for Bell's Plasy exercices, but not to begin	20120315	080243
active exercises until 3/19/12.	20120315	080243
-F/U exam 10 to 14 days.	20120315	080243
-Lay-in to tape Lt eye closed at HS x 2 weeks.	20120315	080243

DOCTOR WDM00#EM WILLIAM D MCKINNEY

SPECIFIC CHARTING INFORMATION

03/15/2012
Doctor/Dentist encounter MSR filed 20120315 075013

MSR DATE	TIME	COMPLAINT	*****
03/15/2012	12:05 P	INFIRMARY	CARE-NURSE

NURSE ENCOUNTER APPOINTMENT DATE 03/15/2012 TIME 08:00 A SHOW UP Y PCC
SUBJECTIVE

PATIENT COMMENTS: tcu rounds	20120315	120820
0 PAIN ON 0-10 SCALE	20120315	120820
COMMENTS REGARDING DISCHARGE:	20120315	120820
denies complaints	20120315	120820

OBJECTIVE		
BP 122/078 PL102 RS016 TP0982 WT150 BS000 PF000 O2SAT 93%	20120315	120820
REASON FOR INFIRMARY STAY:facial drooping	20120315	120820
NEUROLOGICAL: a&ox3 speech clear	20120315	120820
CARDIAC: hrr cap refill brisk, no edema noted	20120315	120820
PULMONARY: lcta resp even and nonlabored	20120315	120820
GI: denies complaint	20120315	120820
GU: denies complaitns	20120315	120820
EXTREMITIES: gait steady mae well	20120315	120820
SKIN: turgor good, r side of mouth and eye drooping	20120315	120820
slightly	20120315	120820
IV:none	20120315	120820
I&O/DIET:reg	20120315	120820
PERTINENT NURSING FINDINGS/INTERVENTIONS:Dr.Mckinney here	20120315	120820
to see i/m orders noted to discharge	20120315	120820
y Y/N DISCHARGE VITALS COMPLETED	20120315	120820
COMPLETE HEAD TO TOE ASSESSMENT IF NOT ALREADY COMPLETED ON	20120315	120820

PC001914

DOC ID OFFENDER

00990137 RUSSELL E BUCKLEW

***** OBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

THIS SHIFT:done

20120315 120820

CONDITION AT DISCHARGE: stable

20120315 120820

NOTE APPEARANCE OF WOUND/DRESSING IF APPLICABLE:

20120315 120820

Y Y/N ABLE TO PERFORM ADLS (IF NO DESCRIBE)

20120315 120820

8:30am TIME OF DEPARTURE

20120315 120820

Y Y/N AMBULATORY (IF NO LIST ASSISTIVE DEVICE)

20120315 120820

ASSESSMENT

ALTERATION IN COMFORT

20120315 120820

PLAN

N Y/N NOTIFY CHRONIC CARE NURSE

20120315 120820

N Y/N NOTIFY IC NURSE

20120315 120820

N Y/N MENTAL HEALTH REFERRAL COMPLETED IF INDICATED

20120315 120820

Y Y/N ISSUED MEDICATION (IF YES LIST AMOUNT)

20120315 120820

Y Y/N MAR RECONCILED AND RETURNED TO APPROPRIATE MED BOOK

20120315 120820

Y Y/N NOTIFY CUSTODY/HU OF DISCHARGE AND OF ANY SPECIAL

20120315 120820

RESTRICTIONS

20120315 120820

WHO WAS NOTIFIED: COI Brannum

20120315 120820

Y Y/N LAY-INS/RESTRICTIONS UPDATED IN MARS

20120315 120820

N Y/N FDS NOTIFIED OF DIETARY CHANGES

20120315 120820

Y Y/N ALL DRAINS AND IV ACCESS DISCONTINUED

20120315 120820

Y Y/N ISSUED SUPPLIES IF APPLICABLE (LIST WHAT WAS ISSUED)

20120315 120820

EDUCATION:

20120315 120820

Y Y/N SCHEDULE FOLLOW-UP APPOINTMENT

20120315 120820

N Y/N DRESSING CHANGES/TREATMENTS

20120315 120820

Y Y/N MEDICATION REGIMEN

20120315 120820

Y Y/N VERBALIZES UNDERSTANDING OF DISCHARGE INSTRUCTIONS

20120315 120820

NURSE TLB01#EM TAMMY L BORDEAU

SPECIFIC CHARTING INFORMATION

03/15/2012

Nurse encounter MSR filed

20120315 120528

MSR DATE TIME COMPLAINT *****
03/15/2012 12:08 P F/U BELLS PALSY

DOCTOR ENCOUNTER APPOINTMENT DATE 03/26/2012 TIME 08:15 A SHOW UP Y PCC
SUBJECTIVE

Pt is pleased that he can close his Lt eye and notes

20120326 082843

some overall improvement. He has some pain again behind

20120326 082843

Lt ear. Still drools, but taste on Lt side of tongue is

20120326 082843

improved form 3/15/12. Remains on tapered dose of

20120326 082843

Prednisone and Acyclovir. Tolerating fine.

20120326 082843

OBJECTIVE

BP 118/078 PL094 RS016 TP0973 WT154 BS000 PF000

20120326 082843

Face: able to now completely close Lt eyel Still has some

20120326 082843

Lt sided facial weakness.

20120326 082843

ASSESSMENT

-Mod Bell's. Subjectively and objectively improved.

20120326 082843

PLAN

PC001915

Clinic Progress Notes for Russell Bucklew, D.O.C. #990137**June 11, 2013**

Mr. Bucklew is a 44 year-old male with a cavernous hemangioma of the right maxilla who has been treated in the past with removal (10 years ago by myself) of an abscessed right maxillary wisdom tooth and the right mandibular wisdom tooth as a hospital patient. He tolerated this procedure well and had an approximately 200 cc blood loss but no transfusion was necessary at that time.

He presents today at the clinic with a blood pressure of 120/75, heart rate of 76. Since the last time I saw him in September 2011, he has been treated by Dr. Zitsch, I believe, at the University of Missouri-Columbia and had some sclerotic material injected which is evident on the panoramic x-ray but his cavernous hemangioma still remains and is encompassing the right half of his maxilla and upper lip. He complains of tooth pain in this area; however, I am not finding any dental etiology in this area.

My recommendation would be that he be seen by a vascular surgeon, have an angiogram of the area and then have the feeder vessels of the hemangioma clipped and have this done before he would have any dental work done at all. I do not know whether this is possible to be done at the University of Missouri, it may be necessary to refer him to Barnes-Jewish for this treatment. At this point, that is the procedure that I would recommend and would be happy to discuss this with Dr. Jackson if he has any questions.


Richard F. Graham, D.D.S.

RFG/cjw

cc: Ernest Jackson, D.D.S.

*Multisystemic
6-17-13*

PC002201

Clinic Progress Notes for Russell Bucklew, D.O.C. #990137**September 6, 2011**

Mr. Bucklew was referred to the clinic for evaluation of an extensive cavernous hemangioma, which extends into the upper lip on the midline and encompasses ½ of the palate, the entire soft palate and the uvula, which are impossible to visualize due to the expansion of the lesion. The lesion also extends into the right cheek and the entire right maxilla. This has been present for 20 plus years but has increasingly grown larger and larger. His blood pressure today was 122/79 with a heart rate of 70. He is allergic to Penicillin, Compazine, Toradol and Sodium Pentothal. He is on Vistaril, Trazodone and Cloripam. He is a smoker. He had six bouts of radiation therapy by Dr. Jay Allen, after which he refused to have any further radiation therapy due to the oral burning he experienced. He had also been treated by Dr. Zitch at the University of Missouri-Columbia, who had, I believe, performed some sclerotic treatment to hopefully shrink the lesion.

The patient has been referred to me as I treated him approximately 8 years ago and he had advised the authorities that he would take my advice over the other people that had treated him. I advised him that sclerosis of the lesion by an oncologist would be the preferable treatment and he said that he would proceed with this when it was offered to him. There is nothing more that I can for him at this time, therefore, he was returned to Potosi for therapy either at Potosi or at the University of Missouri-Columbia by Dr. Zitch.



Richard F. Graham, D.D.S.

RFG/cjw

cc: Ernest Jackson, D.D.S.

Comp
9/9/11
M. B. Steel

MW to avoid
9-14-11

PC002207

SUCKLEW
990137

DATE	TOOTH	SURF.	DENTAL SERVICES PROVIDED
7-27-11		S.	Pain
		O.	#2+8 both displaced symptomatic both sensitive to touch but surrounding tumor mass is sensitive to touch also teeth appear normal, period could be issue.
			H hist of O.S. TB with difficult bleeding management and radiation tx (x6) in 11/10 further complicating TB prognosis.
		A.	Tumor mass causing tooth symptoms
		P.	consult with medical + research pt to discuss very limited options Horro
8-5-11		S.	consult.
		O.	discuss tx w pt he cites improvement after TB in past.
		A.	refer to O.S. consider possibility of TB 2, 3, 8
		P.	questionable if TB would improve symptom Horro
9-15-11		S.	consult.
		O.	Mr B. saw Dr. Graham 9-6 and discussed tx Dr G concurs that tumor is primary cause of PT's discomfort.
		A.	Cavernous Hemangioma, secondary periodontal disease
		P.	advised to seek medical AND possible refer to oncologist to reconsider treatment.
			Pt says that sclerosis is his "last option" Horro
4-16-13		S.	Pain
		O.	all up at painful esp #2+8 PA's
		A.	period complicated by tumor mass
		P.	pt has not sought tx for Hemang - appears larger Horro
5-23-13		S.	F/U
		O.	#2+8 are symptomatic S/pain
		A.	removal of 2+8 would seem to be needed
		P.	need specialty consult. Horro

MO 931-3745 (7-94)

PC002208

AFR060T
8:54:33

Department of Corrections
Medical Accountability Records System
Doctor Encounter Soap Notes

Page: 1
Date: 10/28/2013

DOC ID: 990137 RUSSELL BUCKLEW
SICK CALL COMPLAINT
DIZZINESS/FACIAL EDEMA
Nurse Id: WDM00#EM WILLIAM D MCKINNEY

TIME: A/P
8:00 A
MM/DD/CCYY
10/28/2013

Subjective

Pt reports he had "a lot of pain" described as constant rather than the pulsating pain he typically has. Pain was located in area of Rt eye and ear; awakening him from sleep early yesterday AM.

Pt reports, "it blew" meaning started bleeding in Rt post area of his mouth c relief.

Pt had dizziness c above pain; now much better.

2013/10/28 084732
2013/10/28 084732
2013/10/28 084732
2013/10/28 084732
2013/10/28 084732
2013/10/28 084732
2013/10/28 084732

Objective

BP 124/082 PL085 RS016 TP0978 WT162 BS000 PF000
Does not appear in acute distress this AM. Gait is fluid, steady, and on/off exam table c ease.
Oral cavity: large cavernous hemangioma on Rt, no current active bleeding.

2013/10/28 084732
2013/10/28 084732
2013/10/28 084732
2013/10/28 084732
2013/10/28 084732

Assessment

-Facial cavernous hemangioma.

2013/10/28 084732

Plan

-Pt understands this is expected course for his problem as previously described by ENT, Dr. Zitsch per note of 4/18/12.

-Pt will need gauze and biohazard bags PRN due to bleeding.

2013/10/28 084733
2013/10/28 084733
2013/10/28 084733
2013/10/28 084733

WDM
10/28/13

PC002227

AFR060T
11:54:57

Department of Corrections
Medical Accountability Records System
Doc Encounter Soap Notes

Page: 1
Date: 03/20/2013

DOC ID: 990137 RUSSELL BUCKLEW
SICK CALL COMPLAINT
T.C.U. OBSERVATION
Nurse Id: WDM00#EM WILLIAM D MCKINNEY

TIME: A/P
7:30 A
MM/DD/CCYY
3/20/2013

Subjective

HISTORY OF COMPLAINT AND REASON S/HE NEEDS OBSERVATION
44 yo c known large cavernous hemangioma. He reports
he had severe pain upon leaving his cell last PM, became
lightheaded and ? LOC but no injury. He was CODE 16; nl
vital sings, and pt did not want any further intervention.
Later he was another CODE 16 c/o facial pain c bleeding
from hemangioma.
Pt was brought to medical and on-call physician ordered
Vicodan. Bleeding ceased c pressure per gauze.
This AM Mr. Bucklew has eaten, up ad lib, no continued
bleeding and is ready to return to his H-U.

2013/03/20 110643
2013/03/20 110643
2013/03/20 110643
2013/03/20 110643
2013/03/20 110643
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2013/03/20 110643
2013/03/20 110643
2013/03/20 110643
2013/03/20 110643
2013/03/20 110643

Past Med Hx: ENT recommendation per note of 4/12/12 that
he does not advised any additional intervention.

Objective

PERTINENT PE FINDINGS, LAB OR XRAY, VS INCLUDING WEIGHT
General: pt was on a mattress on the floor from which he
arose and stood s difficulty. Mr. Buckles did not appear
in any distress.
Face: + cavernous hemangioma Rt side of upper lip, to Rt
side of nose, buccal mucosa, hard palate, and large uvula.
No bleeding found.

2013/03/20 110643
2013/03/20 110643
2013/03/20 110643
2013/03/20 110643
2013/03/20 110643
2013/03/20 110643
2013/03/20 110643

Assessment

STATUS OF PATIENT
-Cavernous hemangioma; bleeding ceased and pt is stable.

2013/03/20 110643
2013/03/20 110644

Plan

TREATMENT PLAN
He may be released back to his H-U. No change in care.

2013/03/20 110644
2013/03/20 110644



PC002238

TIME: A/P
12:15 P
MM/DD/CCYY
1/03/2013

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2013/01/03 131442
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10/17/13

AFS923C

COMPLETE MENTAL HEALTH HISTORY

PAGE: 29

DOC ID OFFENDER

00990137 RUSSELL E BUCKLEW

***** SUBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

continuing to write novels and read books to relieve stress and anxiety. 20120316 091540

Offender's Treatment Plan as follows: 20120316 091540

PROBLEMS

1. Offender Bucklew has a history of excessive anxiety and worry about a number of everyday events/activities 20120316 091540
 2. history of Insomnia: Difficuley falling asleep and maintaining sleep. 20120316 091540

GOALS (ACCORDING TO PROBLEM # ABOVE) (1) (2) 20120316 091540

1. Reduce anxiety symptoms (irritability, restlessness, fatigue, muscle tension) so offender can function appropriately in a correctional environment, as evidenced by remaining free of CDV's. Target date: 9/2012 20120316 091540
 2. Improved sleep patternL falling asleep within 20min; remaining asleep for at least 5 hours. Target date: 9/2012 20120316 091540

CLIENT RESPONSIBILITIES TO ACHIEVE GOALS (1) (2) 20120316 091540

1.a. Mr. Bucklew will take medication as prescribed, keep all scheduled appointments, follow all recommendations and report any adverse side effects to psychiatry in a timely fashion. Target date: 9/2012 20120316 091540
 b. Mr. Bucklew will meet with assigned mental health counselor as required to discuss concerns and issues associated with psychiatric symptoms and cooperate with the treatment provided. Target date: 9/2012 20120316 091540
 c. Mr. Bucklew will practice coping skills daily (deep breathing, progressive relaxation, diversion, exercise). Target date: 9/2012 20120316 091540
 d. Mr. Bucklew will continue to write fantasy novels and read books to reduce his anxiety level. Target date: 09/2012 20120316 091540

Offender reviewed and signed treatment plan. 20120316 091540

OBJECTIVE

O: Offender was cooperative during the session, considering his current health issues. He maintained eye contact and spoke clearly. Offender's thoughts were logical and goal directed. Offenders mood was stable and denied any suicidal/homicidal thoughts, plans, or intents. 20120316 091856

ASSESSMENT

A: GAD Per Stainslaus 20120316 092012

PLAN

P: Plan for offender will be to continue assessment, and monitoring of offender's ITP goals progress via chronic care visits. Follow-up will also be conducted as additional 20120316 092227

PC002306

DOC ID OFFENDER

00990137 RUSSELL E BUCKLEW

***** OBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

still available until scheduled tramadol is approved. 20140411 155810

patient expressed understanding and agreed that this change 20140411 155810

would be to his benefit. 20140411 155810

ASSESSMENT

MED EDUCATION 20140411 155810

NURSE BSR001EM BARBARA S ROSS

SPECIFIC CHARTING INFORMATION

04/11/2014

Nurse encounter MSR filed 20140411 154923

04/12/2014

NO SIGNS OF TRAUMA 20140412 130200

PT STATES "IT'S SLEEPY TIME GO AWAY!" 20140412 130247

YES EXISTING MEDICAL/MENTAL HEALTH COMPLAINTS 20140412 130247

SEE MEDICAL RECORD 20140412 130247

NO CRYING 20140412 130247

YES WITHDRAWN 20140412 130247

YES HOSTILE/ANGRY 20140412 130247

YES QUIET 20140412 130247

NO MANIC BEHAVIOR 20140412 130247

MSR DATE TIME COMPLAINT *****

04/13/2014 08:42 P NEED GAUZE.

NURSE ENCOUNTER APPOINTMENT DATE 04/13/2014 TIME 08:30 P SHOW UP Y PCC

SUBJECTIVE

MY MOUTH HAS BEEN BLEEDING ALITTLE AND I AM OUT OF GAUZE. 20140413 204347

OBJECTIVE

NO COMPLAINTS VOICED. 20140413 204348

PLAN

GIVEN 4X4S AND 2X2X. 20140413 204348

NURSE PGY00#EM PAMELA G YANCEY

SPECIFIC CHARTING INFORMATION

04/13/2014

Nurse encounter MSR filed 20140413 204227

04/15/2014

NO SIGNS OF TRAUMA 20140415 114154

NO MEDICAL/MENTAL HEALTH COMPLAINTS 20140415 114157

NO EXISTING MEDICAL/MENTAL HEALTH COMPLAINTS 20140415 114157

NO CRYING 20140415 114157

YES ORIENTED X'S 3 20140415 114157

NO WITHDRAWN 20140415 114157

NO HOSTILE/ANGRY 20140415 114157

YES QUIET 20140415 114157

NO MANIC BEHAVIOR 20140415 114157

YES DENIES COMPLAINT 20140415 114157

PC002502

DOC ID OFFENDER

00990137 RUSSELL E BUCKLEW

***** OBJECTIVE CONTINUATION FROM PREVIOUS PAGE *****

OBJECTIVE

BP 142/084 PL109 RS020 TP0980 WT000 BS000 PF000 99% ON RA 20140502 135611
NEUROLOGICAL: A&Ox3, speech clear and appropriate, makes 20140502 135611
eye contact, tracks without difficulty 20140502 135611
CARDIAC: tachy, does report pain rated 7.5-8/10 20140502 135611
PULMONARY: resp even and unlabored on RA 20140502 135611
GI: c/o of nausea related to pain 20140502 135611
GU: no c/o 20140502 135611
EXTREMITIES: pt bue restrained, seated on bil knees in 20140502 135611
floor of cell 20140502 135611
SKIN: warm and dry 20140502 135611
OTHER PERTINENT NURSING FINDINGS: 20140502 135611
n (Y/N) PROBLEM IS DETERMINED TO BE A MEDICAL EMERGENCY 20140502 135611
DESCRIBE: 20140502 135611
n (Y/N) PATIENT HAS DECLARED AN EMERGENCY WITHIN 72 HRS 20140502 135611
n (Y/N) PATIENT HAS BEEN SEEN IN SICK CALL FOR THE SAME 20140502 135611
COMPLAINT WITHIN THE LAST 72 HOURS 20140502 135611
Asked pt was red out was, stated "it hurts so bad I'm 20140502 135611
seeing red all over." Pt has chronic condition requiring 20140502 135611
pain medication. Due to tachy and report of pain, 20140502 135611
immediate telephone call to Dr McKinney who requested pt be 20140502 135611
reassured that pain concerns would be addressed by 20140502 135611
increasing ultram to 4 times a day. Discussed this with 20140502 135611
pt, he smiled and stated "oh, well, if you guys think that 20140502 135611
will help with my pain, thank you." Pt encouraged to rest 20140502 135611
Addendum to charting: Pt reported he had no emesis, 20140502 140355
custody also reports no emesis. Pt reports he has not 20140502 140355
had a loss of consciousness, custody reports he has not had 20140502 140355
loss of consciousness, states "he has been talking to us 20140502 140355
the whole time." (Per COI Jarvis) 20140502 140355
0220 p Pt resting on bed with LLE bent at knee, RLE 20140502 143810
crossed over LLE. Pt has changed clothes since this nurse 20140502 143811
had last seen him. Asked pt if resting had helped, pt 20140502 143811
stated "I am just hot and cold, hot and cold, I think I'm 20140502 143811
getting the flu." Does not report any c/o pain, 'black 20140502 143811
outs' or 'red outs', dizziness, or nausea. Per COI 20140502 143811
Sancegrew, pt did not change clothes due to emesis, "he has 20140502 143811
a visit he is going to". Pt calm, no s/sx of distress. 20140502 143811
Education provided; pt to notify medical pain increases, or 20140502 143811
s/x of the flu. Pt verbalized understanding. 20140502 143811
ASSESSMENT
SELF-DECLARED EMERGENCY 20140502 135611
PLAN
**IF THERE IS A PROTOCOL FOR THE ASSOCIATED COMPLAINT PRESS 20140502 135611
F-21 AND PROCEED TO APPROPRIATE PROTOCOL** 20140502 135611
NON-EMERGENT COMPLAINTS DO NOT REQUIRE OTC MEDS 20140502 135611
n (Y/N) NOTIFY PHYSICIAN IF PATIENT HAS DECLARED ANOTHER 20140502 135611
EMERGENCY WITHIN LAST 72 HOURS 20140502 135611
n (Y/N) NOTIFY PRACTITIONER IF PATIENT HAS BEEN SEEN FOR 20140502 135611
THE SAME COMPLAINT IN SICK CALL WITHIN THE LAST 72 HOURS 20140502 135611

PC002506

DOC ID OFFENDER

00990137 RUSSELL E BUCKLEW

***** PLAN CONTINUATION FROM PREVIOUS PAGE *****

y_____ (Y/N) NOTIFY PHYSICIAN IF ABNORMAL VITAL SIGNS	20140502 135611
FOLLOW UP: New order obtained	20140502 135611
y_____ (Y/N) EDUCATED ON PLAN OF CARE AND RETURN TO MEDICAL	20140502 135611
IF SYMPTOMS WORSEN.	20140502 135611

NURSE CLM001EM CHRISTINA L MOUNCE

SPECIFIC CHARTING INFORMATION

05/02/2014

Nurse encounter MSR filed 20140502 134456

MSR DATE TIME COMPLAINT *****

05/02/2014 01:47 P PAIN---SEEN BY NURSING FOR CODE 16

DOCTOR ENCOUNTER APPOINTMENT DATE 05/02/2014 TIME 01:45 P SHOW UP Y PCC

SUBJECTIVE

NON-ENCOUNTER NOTE Pt is in H-U 1 awaiting	20140502 135225
scheduled execution. He was a CODE 16 for pain; stating	20140502 135226
can't tolerate from cavernous hemangioma. Pt eval per	20140502 135226
nursing and no new findings.	20140502 135226

ASSESSMENT

-Cavernous hemangioma c pt reporting increased pain. He	20140502 135226
remains on Tramadol 50mg po TID.	20140502 135226

PLAN

-Pt informed that Tramadol 50mg will be increased to Q 6	20140502 135226
hours. Order entered for Tramadol 50mg po Q 6 hours x 30	20140502 135226
days.	20140502 135226
TRAMADOL HCL 50MG TAB	20140505 171245

DOCTOR WDM00#EM WILLIAM D MCKINNEY

PRESCRIPTION MEDICATION

05/02/2014 TRAMADOL HCL 50MG TAB

DOSAGE 1 PO Q 6 HOURS X 30 DAYS: #120/MONTH DOT
UNITS 120/MONTH STOCK N

DOCTOR WDM00#EM WILLIAM D MCKINNEY

SPECIFIC CHARTING INFORMATION

05/02/2014

Doctor/Dentist encounter MSR filed 20140502 134733

05/03/2014

NO SIGNS OF TRAUMA	20140503 123959
NO MEDICAL/MENTAL HEALTH COMPLAINTS	20140503 124006
YES EXISTING MEDICAL/MENTAL HEALTH COMPLAINTS	20140503 124006
SEE MARS	20140503 124006
NO CRYING	20140503 124006
YES ORIENTED X'S 3	20140503 124006
NO WITHDRAWN	20140503 124006
NO HOSTILE/ANGRY	20140503 124006

PC002516

DOC ID OFFENDER

00990137 RUSSELL E BUCKLEW

***** SPECIFIC CHARTING INFORMATION CONTINUATION FROM PREVIOUS PAGE *****

YES QUIET	20140503 124006
NO MANIC BEHAVIOR	20140503 124006
YES DENIES COMPLAINT	20140503 124006

MSR DATE TIME COMPLAINT *****
05/06/2014 11:49 A MH - 90D SEG BEHAVIOR THERAPY ASSES/INTE

SPECIFIC CHARTING INFORMATION

05/06/2014

Technician/MH encounter MSR filed	20140506 115012
NO SIGNS OF TRAUMA	20140506 143725
NO MEDICAL/MENTAL HEALTH COMPLAINTS	20140506 143728
NO EXISTING MEDICAL/MENTAL HEALTH COMPLAINTS	20140506 143728
NO CRYING	20140506 143728
YES ORIENTED X'S 3	20140506 143728
NO WITHDRAWN	20140506 143728
NO HOSTILE/ANGRY	20140506 143728
YES QUIET	20140506 143728
NO MANIC BEHAVIOR	20140506 143728
YES DENIES COMPLAINT	20140506 143728

OFFENDER VITALS

SYSTEM DATE & TIME	BP.	PULSE	RESP.	TEMP.	WGT.	BS.	PF.
05/02/2014 01:45 P	142/084	109	20	98.0			PCC
04/09/2014 10:07 A	138/082	97	18	97.8	168		PCC
04/01/2014 08:27 A	120/070	76	16	97.4	170		PCC
04/01/2014 08:18 A	120/070	76	16	97.4	170		PCC

PC002517